H 19/6

SUMMARY OF DATA ON HANDICAPPED CHILDREN AND YOUTH

NEWARK PUBLIC LIBRARY

AUG 25 1986

U. S. GOVT. PUBS.
DEPOSITORY 376

ED 1. 2:

READEX
FICHE

SUMMARY OF DATA ON HANDICAPPED CHILDREN AND YOUTH

Human Services Research Institute
2336 Massachusetts Avenue
Cambridge, MA 02140

Prepared under contract to the
National Institute of Handicapped Research
U.S. Department of Education
Washington, DC

December 1985

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

The National Institute of Handicapped Research would like to acknowledge the efforts of the Human Services Research Institute staff and consultants listed below in the preparation of this statistical digest:

John Ashbaugh — Project Director
Rebecca Spence — Research Associate
Robert Lubin, Ph.D. — Epidemiologic Consultant
William Marshall — Programmer
John Houlihan, Ph.D. — Statistician
Marsha Langer — Research Assistant
David Bowering, Ph.D. — Technical Consultant
Paul Nurczynski — Report Production
Jack Ellison — Table Production

TABLE OF CONTENTS

List of Tables iv

List of Surveys and Censuses ix

Introduction 1

Part I: Statistical Highlights 3

Part II: Methodological Considerations 7

Part III: Statistical Tables 11

Part IV: Survey and Census Descriptions 91

Part V: Selected Bibliography 111

LIST OF TABLES

1. INCIDENCE OF DISABLING CONDITIONS

1. Incidence (per 10,000 total births) of selected congenital malformations, 1970-1973 and 1979-March 1984 11

2. Incidence (per 10,000 total births) of selected congenital malformations, by U.S. Census region (including Puerto Rico), 1980 14

3. Incidence (per 10,000) of selected genetic/metabolic disorders among infants by state health agencies, July 1981-June 1982 17

2. DISABLED CHILDREN IN U.S. HOUSEHOLDS

a. Prevalence of Disabling Conditions

4. Percent of children (under age 21) with chronic activity limitations, by degree of limitation, sex and age: Civilian noninstitutionalized population, 1981 18

5. Percent of children (under age 21) with chronic activity limitations, by degree of limitation and ethnic background: Civilian noninstitutionalized population, 1981 19

6. Percent of children (under age 17) reporting activity limitations, by degree of limitation and year: Civilian noninstitutionalized population, 1966-1981 20

7. Mean duration of limitation of activity of children (under 21), by age and chronic activity limitation status: Civilian noninstitutionalized population, 1981 21

8. Number of children (under age 17) needing help in basic physical activities because of a chronic health problem: Civilian noninstitutionalized population, 1979-1980 22

Medical Requirements

9. Number of physician visits per child (under age 21) per year, by chronic activity limitation status and sex: Civilian noninstitutionalized population, 1981 23

10. Percent of children (under age 18) with chronic activity limitations and one or more overnight hospitalizations, by number of hospitalizations, age, and degree of limitation: Civilian noninstitutionalized population, 1981 24

11. Percent of children (under age 17) with chronic activity limitations, by number of bed disability days and chronic activity limitation status: Civilian noninstitutionalized population, 1981 25

12. Percent of children (under age 21) with chronic activity limitations and one or more short stay hospital episodes during previous 12 months, by degree of limitation, sex and age: Civilian noninstitutionalized population, 1981 26

School Attendance

13. Percent of children (ages 6-17) with chronic activity limitations, by degree of limitation and ability to attend school, 1981 27

14. Number of lost school days per child (under age 21) per year, by chronic activity limitation status and age: Civilian noninstitutionalized population, 1981 28

Behavior Problems

15. Mean behavior problem scores of children (under age 18) by chronic activity limitation status and age: Civilian noninstitutionalized population, 1981 29

16. Percent of children (ages 3-17) with chronic activity limitations, by degree of limitation and behavior problem indicator: Civilian noninstitutionalized population, 1981 30

b. The Children and their Caretakers

Family Structure/Household Composition

17. Percent of children (under age 21) with chronic activity limitations, by degree of limitation and family size: Civilian noninstitutionalized population, 1981 31

18. Percent of children (under age 21) with chronic activity limitations, by degree of limitation and family structure: Civilian noninstitutionalized population, 1981 32

19. Percent of children (under age 18) with chronic activity limitations, by degree of limitation and marital status of mother: Civilian noninstitutionalized population, 1981 33

20. Percent of children (under age 21) with chronic activity limitations, by degree of limitation and relationship of children to the family: Civilian noninstitutionalized population, 1981 34

Employment Status and Family Income

21. Percent of children (under age 18) with chronic activity limitations, by degree of limitation, age and employment status of primary caretaker: Civilian noninstitutionalized population, 1981 35

22. Percent of children (under age 21) with chronic activity limitations, by degree of limitation and level of annual family income: Civilian noninstitutionalized population, 1981 37

Caretaking Arrangements

23. Percent of children (under age 18) with chronic activity limitations, by degree of limitation and type of caretaker: Civilian noninstitutionalized population, 1981 38

24. Percent of children (under age 15) with chronic activity limitations, by degree of limitation, type of caretaker and age: Civilian noninstitutionalized population, 1981 39

Family Burden

25. Percent of families having children (under age 18) with chronic activity limitations, by degree of limitation and reported effects of children's condition on family: Civilian noninstitutionalized population, 1981 41

3. DISABLED CHILDREN IN OTHER LIVING ARRANGEMENTS

a. Mentally Disabled

Mentally Retarded

26. Number of children (under age 20) enrolled in public and private homes and schools for the mentally handicapped, by sex and age, 1980 42

27. Number of children (under age 20) receiving care in public and private homes and schools for the mentally handicapped, by ethnic background and age, 1980 43

28. Number of children (under age 20) enrolled in homes and schools for the mentally handicapped, by state and type of control of home or school, 1980 44

29. Percent of mentally retarded persons in residential facilities, by type of facility, age, and level of retardation: United States, 1982 46

30. Percent of mentally retarded persons in residential facilities, by age and state: United States, 1982 47

31. Percent of children (under age 22) in residential facilities for mentally retarded people, by type of facility, according to ethnic background and degree of retardation: United States, 1978-1979 49

32. Percent of children (under age 22) in residential facilities for mentally retarded people, by type of facility, degree of retardation, age and sex: United States, 1978-1979 50

33. Percent of children (under age 22) in residential facilities for mentally retarded people, by type of facility, degree of retardation and type of other handicapping condition: United States, 1978-1979 51

Mentally Ill

34. Number of children (under age 20) receiving care in public and private mental (psychiatric) hospitals and in residential treatment centers, by age and sex: United States, 1980 52

35. Number of children (under age 20) receiving care in public and private mental (psychiatric) hospitals and in residential treatment centers, by ethnic background and age: United States, 1980 53

36. Number of children (under age 20) receiving care in mental (psychiatric) hospitals and residential treatment centers, by state, 1980 54

37. Number of children (under age 21) and rate (per 100,000) admitted to state and county mental hospitals, by age and ethnicity: United States, 1980 56

38. Number of children (under age 21) and rate (per 100,000) admitted to state and county mental hospitals, by primary diagnosis: United States, 1980 57

39. Number and percent of children (under age 21) admitted to state and county mental hospitals, by principal source of payment: United States, 1980 58

b. Physically Disabled

40. Number of children (under age 20) receiving care in public and private homes and schools for the physically handicapped, by sex and age, 1980 59

41. Number of children (under age 20) receiving care in public and private homes and schools for the physically handicapped, by ethnic background and age, 1980 60

42. Number of children (under age 20) receiving care in public and private homes and schools for the physically handicapped, by state, 1980 61

4. DISABLED CHILDREN IN EDUCATION PROGRAMS

a. Head Start Program

43. Number of handicapped children enrolled in Head Start programs, by state (or geographical entity), 1980-1981 and 1981-1982 63

44. Number and percent of children in full year Head Start programs professionally diagnosed as handicapped, by type of handicapping condition, 1980-1981 and 1981-1982 65

45. Percent of children in full year Head Start programs professionally diagnosed as physically handicapped (orthopedically handicapped), by type of handicapping condition, 1980-1981 and 1981-1982 66

b. Elementary and Secondary School Programs

Prevalence

46. Number and percent of children (ages 3-21) served annually in educational programs for the handicapped, and percentage of total public school enrollment, by type of handicapping condition, United States, 1982-1983 and 1983-1984 school years 67

47. Census of legally blind students at less than college level, by type of school, grade, and reading medium, January 1983 69

48. Number of hearing impaired students receiving special education classroom instruction, by age and severity of hearing loss, 1983-1984 school year 71

49. Number of hearing impaired students receiving special education classroom instruction, by severity and cause of hearing loss, 1983-1984 school year 72

50. Number of hearing impaired students, by severity of hearing loss and by ethnic background, 1983-1984 school year 73

51. Number of hearing impaired students, by severity of hearing loss and type of other handicapping condition, 1983-1984 school year 74

52. Number of students enrolled in public schools and in special education programs, by type of handicapping condition: United States, Fall 1980 75

53. Number of children served under the Education for All Handicapped Children Act (P.L. 94-142) and Aid to States for Handicapped Children (P.L. 89-313), by type of handicapping condition, 1981-1982 and 1983-1984 school years 76

54. Number and percent of special needs children enrolled in public schools, by type of handicapping condition and type of living arrangements: United States, 1980 77

55. Number of children (ages 3-21) served under the Education for All Handicapped Children Act (P.L. 94-142) and children (ages 0-20) under the Aid to States for Handicapped Children (P2.L. 89-313), by handicapping condition and state, 1983-1984 school year 78

56. Percent of students (ages 12-16) identified as having limiting condition(s), by type of limitation and student/family characteristics, 1981 80

57. Percent of children served under the Education for All Handicapped Children Act (P.L. 94-142) and Aid to States for Handicapped Children (P.L. 89-313), by type of educational environment and type of handicapping condition, 1980-1981 and 1982-1983 school years 81

58. Number and percent of children with handicapping conditions (ages 3-21) served in different educational environments, by state, 1982-1983 school year 82

59. Number of students enrolled in secondary education programs, by type of handicapping condition and type of school, 1979 84

Adjustment and Performance

60. Teacher ratings of handicapped and non-handicapped students (ages 12-16), in terms of social adjustment and need for discipline, by type of limitation (as identified by teacher), 1981 85

61. Teacher ratings of academic standing and performance of handicapped and non-handicapped students (ages 12-16), by type of limitation (as identified by teacher), 1981 86

62. Percent of handicapped and non-handicapped students (ages 12-16), by type of limitation (as identified by teacher) and feelings about school, 1981 87

63. Educational aspirations and expectations of parents of handicapped and non-handicapped students and of students themselves (ages 12-16), by type of limitation (as identified by teacher), 1981 88

64. Mean standard scores on the American College Testing Program (ACT), by test subject and type of disabling condition, if any, of examinees, 1982-1983 89

LIST OF SURVEYS AND CENSUSES

Second National Health and Nutrition Examination Survey, National Center for Health Statistics 91

National Household Survey Component of the National Medical Care Utilization Expenditure Survey, National Center for Health Statistics 92

National Health Interview Survey, National Center for Health Statistics 93

Child Health Supplement to the National Health Interview Survey, National Center for Health Statistics 93

Census of Persons in Institutions and Other Group Quarters, Bureau of the Census 94

Survey of Income and Program Participation, Bureau of the Census 95

National Survey of Children, Child Trends, Inc. 96

Annual Reports to Congress on the Implementation of Public Law 94-142, The Education of the Handicapped Act, Special Education Programs, U.S. Department of Education 97

National Survey of Residential Facilities, University of Minnesota 98

National Interview Survey of Public and Community Residential Facilities for Mentally Retarded Persons, University of Minnesota 99

Elementary and Secondary Schools Civil Rights Surveys, Office for Civil Rights, U.S. Department of Education 100

Civil Rights Survey of Vocational Education Schools, Office for Civil Rights, U.S. Department of Education 101

Children and Youth Referral Survey, Office for Civil Rights, U.S. Department of Health and Human Services 102

Annual Census of Additions and Resident Patients in State and County Mental Hospitals, National Institute of Mental Health 103

Sample Survey of Admissions to State and County Mental Hospitals, National Institute of Mental Health 103

Inventory of Mental Health Organizations, National Institute of Mental Health 104

Birth Defects Monitoring Program, Centers for Disease Control, U.S. Department of Health and Human Services 105

Annual Reports to Congress on the Status of Handicapped Children in Head Start Programs, Administration on Children, Youth and Families, U.S. Departmentof Health and Human Services 105

Selected Services of State Maternal and Child Health Units, Public Health Foundation 106

Selected Services of State Crippled Children's Agencies, Public Health Foundation 107

Annual Survey of Hearing Impaired Students Enrolled in Special Education, Gallaudet College 108

Registration of Blind Pupils, American Printing House for the Blind 109

American College Testing Program Data, University of Iowa 109

INTRODUCTION

The purpose of this report is to present available data on the incidence and prevalence of disability in children. These data are presented in 64 tables, including some which display previously unpublished data. Some tabulations are the result of original analyses performed by the Human Services Research Institute.

These data describe the incidence and prevalence of disabling conditions among children, and the characteristics of disabled children and youth and their caretakers. The data cover children living in U.S. households, institutions and other group quarters, and children participating in public education programs.

The organization of the report is as follows:

Part I: Statistical Highlights, gives an overview of significant survey results presented in the tables in four major areas, corresponding to the grouping of the tables in Part III (described below):

Part II: Methodological Considerations, discusses concepts important in the interpretation of data: statistical validity, reliability, and related issues.

Part III: Statistical Tables, contains tables arranged in four areas: (1) birth defects; (2) disabled children in U.S. households (living with families, relatives or other adults in a noninstitutional setting), prevalence and severity of disabling conditions, medical requirements, family structure, employment status of the primary caretaker, burden on the family and other topics; (3) disabled children in other living arrangements (institutions and other group quarters); and (4) participation in learning programs.

Part IV: Survey and Census Descriptions, gives the following background information on the data collection efforts resulting in files from which the data presented in the tables are drawn:

Name of File

Contact: Name of person most familiar with the content and structure of the file.

Sponsor: Agency responsible for the financing and administration of the source survey and file.

Period: Time during which data were collected (in the case of periodic or continual surveys, the earliest and latest periods are noted).

Survey Objective: Purpose which the survey is intended to serve.

Population Surveyed: Segment of the U.S. population included in the survey.

Survey Size: Number of units (e.g., persons, families, households, organizations) identified or surveyed.

Survey Design: In the case of population censuses or surveys of an entire universe of agencies, the source(s) of information and/or procedures used to identify the entire universe of responding units; in the case of sample surveys, a description of the sample scheme.

Data Source: Method used to collect the data (e.g., telephone survey, mail questionnaire).

Prior Use Reports: Selected references to published analytic reports reflecting previous uses of the file.

In addition, a Key Variables chart indicates the presence of information in the file on specific variables (e.g., age, ethnicity, family income). The disabling conditions as identified by the survey are listed.

Part V: Selected Bibliography, lists citations (some with abstracts) on previous studies of incidence and prevalence of childhood disability, and on methodology.

NOTE: Presence of a hyphen ("-") in the tables indicates an absence of cases for that particular cell.

PART I: STATISTICAL HIGHLIGHTS

A. INCIDENCE OF BIRTH DEFECTS

According to statistics compiled as part of the Birth Defects Monitoring Program (Edmonds, 1981), there has been little significant change in the incidence of most birth defects over the past decade. One exception is the incidence of anencephaly (absence of the brain) and spina bifida, which have declined about 40 percent from the 1970-73 base period to 1984 (Table 1), a trend recognized in the literature (Gortmaker and Sappenfield, 1984). The incidence of congenital rubella has also declined significantly.

In contrast, the incidence of ventricular septal defects has more than tripled, another change observed in the literature (Layde, Erickson, Dooley, et al, 1980). The incidence of hip dislocations with central nervous system defects likewise increased threefold during this period (Table 1).

B. DISABLED CHILDREN IN U.S. HOUSEHOLDS*

1. Prevalence of Disabling Conditions

Available national survey samples are too small to yield reliable estimates of the prevalence of particular types of most disabling conditions. However, it can be estimated that 4.2 percent of all children under age 21 had a chronic activity limitation (i.e., a limitation in the amount or kind of activities in which they could engage) in 1981. The prevalence of chronic activity limitations among male children was 4.8 percent; among females, 3.5 percent (Table 4).

The percent of children reporting activity limitations has doubled from 1966 to 1981 (Table 6). Newacheck, Budetti, and McManus (1984) examined several possible explanations for this apparent increase in the prevalence of chronic activity limitations among children. They found that the number of bed days per year per activity-limited child decreased significantly (29.3 per child in 1966-67 to 13.8 per child in 1979-81). It is not clear whether this change indicates that more children with less severe disabling conditions were reported in recent years or whether there was an increase in chronic conditions which are not adequately measured by the number of bed days.

2. Severity of Disabling Conditions

Children with chronic disabling conditions reported more extensive limitations in general activities and at home, reported more difficulty participating in education programs, reported more behavior problems, and reported greater use of medical services than did children with no chronic disabling conditions.

Specific Activity Limitations. Analysis of the 1979-80 Health Interview Survey indicated that a small percentage of activity-limited children needed help with basic physical activities. About 2.3 per thousand children under age 17 needed help in activities such as walking, going outside, dressing, eating, and using the toilet (Table 8).

Medical Requirements. For children with no reported activity limitations due to a chronic condition, an average of only 2.7 visits to physicians was reported in 1981. For children limited but not in a major activity, an average of 6.6 visits was reported. Children limited in the amount or kind of major activity visited the doctor an average of 8.2 times, and children unable to carry on a major activity, an average of 14.2 times (Table 9).

Over half the children ages 0-5 with activity limitations required one or more overnight hospitalizations in 1981; whereas, only a fifth of children of the same age reporting no activity limitations required one or more overnight hospitalizations that year. Similarly, 40 percent of the children between the ages of 6 and 17 with no reported activity limitations required at least one overnight hospitalization in 1981; whereas, 67 percent of children with activity limitations required at least one overnight hospitalization (Table 10).

The proportion of children having one or more overnight hospitalizations was higher among children with more severe activity limitations than among those having lesser or no activity limitations. The proportion of female children having one or more overnight hospital stays was higher than the proportion of male children regardless of the degree of chronic activity limitation (Table 12). Studies documenting the higher use of health services by disabled children are also found in the literature (Smyth-Staruch, Breslau, Weitzman, and Gortmaker, 1984).

School Attendance. Children with chronic activity limitations have more difficulty participating in education programs than children without chronic activity limitations. Nearly 38 percent of children with chronic activity limitations reported in the 1981 Health Interview Survey were limited in the ability to attend school, or could only attend a certain type of school. About 61 percent of children with activity limitations reported that their participation in outside school activities was limited (Table 13).

Children reporting no chronic activity limitations were out an average of less than three school days in 1981. Children limited but not in a major activity were out five days. Children limited in a major activity were out in excess of 10 days, and children unable to carry on a major activity were out over 24 days (Table 14).

---

* Unless otherwise stated, the statistics in this section have been compiled from the 1981 Health Interview Survey and Child Health Supplement.

Behavior Problems. Children with chronic activity limitations appeared to have more behavior problems than children having no such limitations. The average number of problem behaviors reported by children with activity limitations was markedly greater than those of children with no activity limitations, with the number of problem behaviors increasing with age (Table 15).

Only 0.4 percent of children with no activity limitations in 1981 were taking medications to control their activity or behavior; 3.9 percent of the children with chronic activity limitations were taking such medications. Only 5.6 percent of children with no activity limitations had ever seen a psychiatrist, psychologist, or psychoanalyst, and only .8 percent were currently seeing one. In contrast, 26.1 percent of children with chronic activity limitations had seen a psychiatrist, psychologist, or psychoanalyst, and 7.1 percent currently seeing one (Table 16).

3. Disabled Children and Their Caretakers

Family Structure. There appears to be no significant difference in the size of the families of disabled and nondisabled children (Table 17). Nine of ten disabled children live with one or both parents (Table 18); this situation too appears to be no different than the family situation of nondisabled children. However, a higher proportion of disabled children (19 percent) than nondisabled children (12.6 percent) were reported to live with their mothers alone (Table 18).

This is in large part explained by the finding that a higher percentage of mothers of disabled children are divorced (14 percent) or separated (5 percent). Only 7.5 percent of the mothers of nondisabled children are divorced, and 4.4 percent are separated (Table 19).

Family Income. Higher percentages of the families of disabled children than families without disabled children reported annual incomes in brackets below $15,000. Conversely, higher percentages of families of nondisabled children than families with disabled children reported annual incomes in brackets above $15,000 (Table 22).

Family Burden. Much higher percentages of families of children with activity limitations reported negative consequences and special accommodations occasioned by their children's disabling condition than families of children with no activity limitation. For example, 10.3 percent of families with activity-limited children experienced severe problems making ends meet as a result of their child's condition, while only 0.9 percent of families with children with no activity limitation had severe problems making ends meet as a result of a child's condition.

In only 0.2 percent of families with non-activity-limited children did a family member refuse a job because of a child's condition; this occurred in 7 percent of families with activity-limited children. Table 25 documents these and other consequences associated with childhood chronic conditions.

C. DISABLED CHILDREN IN OTHER LIVING ARRANGEMENTS*

Most of the children (under age 20) found residing in institutions and other group quarters in 1980 were teenagers. Males and minority groups were overrepresented. According to the 1980 Census of the Population, males represented 51 percent of the general population under age 20. Minority groups represented 17 percent of the general population under age 20.

There were about 40,000 children under age 20 living in homes and schools for mentally handicapped persons, 53 percent in publicly controlled facilities and 47 percent in privately controlled ones. Sixty percent of these children were male (Table 26), 73 percent were white, 22 percent were black, and 5 percent, Hispanic (table 27).

Consistent with these Census Bureau figures, in a 1980 survey of residential facilities housing mentally retarded persons, the Center for Residential and Community Services counted just over 40,000 residents under age 22 in group residences of 16 beds or more. In addition, the survey identified over 6,000 children in specialized foster care, over 8,000 in small (under 16 beds) group residences, nearly 5,000 in special nursing homes and over 700 in other types of noninstitutional group quarters (Table 29).

Another survey conducted by the Center, a 1978/1979 sample survey of persons in public residential facilities and community based living quarters for mentally retarded persons, indicated that a much higher proportion of mentally retarded individuals living in public residential facilities were profoundly retarded than in community residential facilities (Table 31). The survey findings also indicated that the greater the degree of retardation, the more likely the residents of these facilities were to have other handicapping conditions (Table 33).

In addition, about 32,000 children (under age 20) were reported to be in mental hospitals or residential psychiatric treatment centers in 1980: approximately 14,300 in public hospitals, over 8,000 in private hospitals, and over 9,000 in residential treatment centers. About 67 percentof the residents were male (Table 34); 75 percent were white (Table 35).

Results of a survey conducted in 1980 by the National Institute of Mental Health indicate that nearly 41,000 children (under age 21) were admitted to state and county mental hospitals, or 28 per 100,000 children in the general population. Over 95 percent

---

** Unless otherwise stated, the source of the statistics reported in Section C was the 1980 Census of Persons in Institutions and Other Group Quarters.*

of the children admitted were age 12 and above (Table 37). The most common diagnosis on admission was schizophrenia, 14 admissions per 100,000 children in the general population (Table 38). State and county funds were the principal source of payment for over 41 percent of these children (Table 39).

Approximately 12,500 children under age 20 were residing in homes and schools for the physically handicapped in 1980; about two-fifths were living in schools for the deaf, and nearly one-fifth in schools for the blind (Table 40). Fifty-eight percent were male (Table 40); 77 percent were white (Table 41).

D. DISABLED CHILDREN ENROLLED IN EDUCATIONAL PROGRAMS

1. Head Start Programs

Of the children being served in Head Start programs in the school year 1981-1982, 11.2 percent were professionally diagnosed as handicapped (Table 43). In 46 of the 50 states and District of Columbia, the percent was no less than 10 percent. Fully 60 percent of these handicapped children were diagnosed as speech impaired (Table 44). Only 5.9 percent were diagnosed as mentally retarded and another 5.9 percent as physically handicapped (Table 44). The most prevalent disabling condition among the 5.9 percent of children with physical handicaps was cerebral palsy, which accounted for 28.4 percent (Table 45).

2. Elementary and Secondary Programs

In the 1983-84 school year, 4,338,783 children age 0 through 21 were enrolled in educational programs for the handicapped in the United States (exclusive of U.S. territories). (This figure and the statistics reported in this paragraph were compiled from child counts conducted by state departments of education and reported to the Office of Special Education Programs, U.S. Department of Education.) Of these, 67.8 percent were diagnosed as learning disabled or speech impaired, 17.3 percent were identified as mentally retarded, and 8.3 percent as emotionally disturbed (Table 46). Over 99 percent of these children were enrolled under Public Law 94-142, the Education for All Handicapped Children Act; less than 1 percent, under Public Law 89-313, Aid to States for Handicapped Children (Table 53).

Independent survey estimates of the magnitude of the school population with disabilities are at variance with these figures, due largely to differences in definitions of disability and survey procedures. The American Printing House for the Blind census counted over 30,000 legally blind students alone in state education programs as of January 1983 (Table 47). Less than 32,000 were identified by state education agencies as visually impaired (which includes all visual impairments that adversely affect a child's educational performance).

According to the National Survey of Children (1981), of those children said by teachers to have a disabling condition that limits their ability to do school work or participate in sports activities, a higher percentage was found among black families than among nonminority families, among lower income families than among higher income families, and among families with parents having less education than among families with parents having more education (Table 56).

Learning Environment. In school year 1982-83, two-thirds of all students classified as handicapped received the bulk of their education in regular classrooms. Among some handicapped groups, the percentage schooled in regular classrooms was higher. For instance, 78.2 percent of students with learning disabilities and 93.2 percent with speech impairments were served in regular classrooms. On the other hand, 57 percent of those children classified as mentally retarded were being served in separate classrooms; only 29 percent were served in regular classrooms. A relatively high percentage of children with multiple handicaps (45.5 percent), serious emotional disturbances (38.5 percent), and orthopedic impairments (39 percent) was also served in separate classrooms. Slightly more than 54 percent of deaf and blind students were served in separate schools (Table 57).

Student Adjustment and Performance. The National Survey of Children found that students identified by teachers as limited in school work and sports activities had lower class standings and lower performance ratings (Table 61), in general had less positive feelings about school (Table 62), and had lower academic aspirations (as did their parents) than did students not so limited (Table 63). The academic aspirations were not as low among the students and parents of students with physical limitations as they were among students and parents of students with learning limitations.

There is some indication that these lower aspirations have some foundation. Individuals with disabilities taking the American College Testing Program Examination in 1981-82 had uniformly lower scores than did examinees without disabilities (Table 64).

PART II: METHODOLOGICAL CONSIDERATIONS

As with any other data, the utility and precision of the childhood disabilities data presented in this digest are dependent on the methods used to generate such data. Specifically, the reader should understand those factors that affect the validity and reliability of the methods in order to comprehend the meaning and appreciate the limitations of the statistics presented in the ensuing pages.

The *validity* of the childhood disability statistics presented, or the extent to which these data truly represent the incidence and prevalence of disabling conditions among children and the characteristics of these children, is largely a function of how disability is defined, how it is measured, the sources from which the data are obtained and the representativeness of the group surveyed. The *reliability* of the childhood disability statistics presented, or the extent to which the same method employed again and again would yield the same results, is largely a function of sample size and to a lesser extent interviewer bias, and scale or index construction.

A discussion of factors that bear on the validity and reliability of childhood disability statistics, and the associated utility and limitations of these statistics, follows.

A. VALIDITY

Validity implies that the data collected are an accurate reflection of the object of the assessment, in this case, childhood disability. There are at least four sources of error affecting the validity of childhood disability statistics: (1) definitions of disability and other variables, (2) construction of measures, (3) sources of information, and (4) respondent identification. The first three sources primarily address the question of *what* is being assessed, and affect the *content validity* of the data.The last source, respondent identification, influences the *external validity* of the data; an error in this realm affects the degree to which the results can be generalized to a larger population of concern.

1. Definitions of Childhood Disabilities

The critical variables of concern to planners and policy makers in the area of childhood disabilities are those used to identify children with chronic disabling conditions. In order to be classified as disabled, a child must have a health condition or impairment: (1) that limits the ability of the child to perform a major life activity, (2) for an extended period of time (duration).

In some cases it is possible to deduce with a reasonable degree of confidence the disabling effect of an impairment or health condition as well as its probable duration knowing only the diagnosed impairment or condition (e.g., deaf/blind). However, the ability to predict accurately the severity or disabling consequences of most health conditions based on diagnosis alone is particularly difficult among children (Gortmaker and Sappenfield,1984). Confounding the problem is the difficulty of arriving at an accurate diagnosis among children or even agreeing on the definitions of particular conditions. Autism is a case in point. Historical controversies over the definition of autism persist, including disagreements about the theories of etiology and the definition of the syndrome (Schopler, 1978). Indeed, this is evident from the discrepancies reported by Janicki, Lubin, and Friedman (1983) among the diagnostic criteria for autism recently proposed by the National Society for Children and Adults with Autism (Ritvo, 1977; Rutter, 1978) and by the American Psychiatric Association in *Diagnostic and Statistical Manual III* (1980).

Similarly, some health conditions cannot be ameliorated by rehabilitation and are chronic by definition. However, in the case of most disabling conditions, the extent and duration of the disability may vary depending on the individual. Accurately predicting the chronicity or duration of most disabling conditions is especially difficult for infants and young children (Gollay, 1981).

The marked difference in childhood disability statistics resulting from diagnosis-based versus functional and duration-based definitions was manifest in the change from a categorical or diagnosis-based definition of disability under the Developmental Disabilities and Bill of Rights Act (P.L. 94-103) to a definition based on functional limitation and duration under the Developmental Disabilities Amendments of 1978 (P.L. 95-602). Developmentally disabled persons had been defined to include those individuals with autism, cerebral palsy, epilepsy, mental retardation, and neurologic impairments. As amended, the definition of developmental disabilities requires that individuals have substantial functional limitations in three or more areas of activity originating before age 22 that are likely to continue indefinitely.

According to a study by Lubin, Jacobson, and Kiely (1982), the federal functional definition increased the number of health conditions associated with developmental disabilities, but at the same time decreased the number of eligible persons within a particular category because of the substantial functional limitation requirement. In a comparable study (Gollay,1981), the disability or functional definition was found to decrease the estimated number of persons with developmental disabilities by 27 percent.

In other contexts, disabling conditions have been defined broadly or narrowly, thereby counting more or fewer children with disabilities respectively. For instance, the relatively loose definition of "chronic" and "disabling" (activity limitation but not in a major activity) used in the National Health Interview Survey likely accounts in part for the fact that the 1981 survey yielded notably high prevalence rates for certain conditions ordinarily not considered to be disabling or chronic. For example, tonsilitis appeared as one of the top ten most prevalent disabling conditions.

Similarly, Link and Dohrenwend (1980) among others contend that most of the difference in estimates of the prevalence of mental illness in the United States is a function of differences in the breadth of the definition of mental illness. The higher estimates include many persons who are simply demoralized, along with persons who are seriously and chronically mentally ill.

In summary, a key consideration in reviewing the childhood disability statistics contained in this digest is how "disability" is defined in terms of its nature, severity, duration, and inclusion or exclusion of specific subpopulations of disabled children.

2. Construction of Measures

In addition, the way in which questions are asked and survey instruments are constructed can influence the validity of data. For example, Wilson and Drury (1981) report that the presence of a supplemental set of questions on disability in the 1977 National Health Interview Survey led to decreased estimates of disability for that year. They conclude that there is a tendency on the part of respondents to avoid lengthy sections on topics related to the main body of a survey. They note as well that adopting a "condition approach" (i.e., asking about illnesses and injuries first and following up with inquiries about disability) versus a "person approach" (i.e. asking about disability first, followed by questions about the conditions that caused the disability), affects the size of the estimates. They report that the shift to the "person approach" in 1969 led to an increase in the number of people reporting severe limitations in activity. One other factor, the use of direct questions on the presence of activity limitation, rather than presentation of a flash card, may account for this increase (Wilson and Drury, 1981).

The validity of estimates of disability depends in part on the content and administration of the survey instruments. Overly elaborate or time-consuming surveys may result in underestimates. Ambiguous terms or instructions may likewise confound the results. Further, unless the nature of the disability of the respondent is taken into account in the survey medium chosen, response rates of some groups of disabled persons may be skewed.

3. Sources of Information

Not all potential sources of information are equally credible or useful. Service agency administrators may be excellent sources of information regarding administrative or service-related practices and global demographic characteristics of the clients served (e.g., age, sex), but such persons are not likely to offer credible information pertaining to individual service needs and preferences. For this type of information, investigators are better off acquiring information directly from clients.

For a variety of reasons, however, the investigator may not be able to collect information from the theoretically best source. For example, when investigating levels of severity of disability, younger children and many persons with severe mental disabilities cannot always competently speak for themselves. Thus, the primary, and preferable, source must be replaced with knowledgeable others. Enterline and Capt (1959) note that biases may result when data are gathered from such proxies, specifically household proxies, rather than first-hand from the target individuals.

Other types of biases can operate to distort survey results. For example, an "acquiescent response set," or the tendency of respondents to agree with statements on a survey instrument regardless of content can be a problem particularly in the case of child respondents. Research has shown that children tend to acquiesce more frequently than adults (Shuman and Presser, 1977; Sudman and Bradburn, 1974). Acquiescent response sets, as well as the fear of stigma and the desire to provide socially acceptable responses, are especially troublesome in the case of mentally disabled respondents (Sigelman et al., 1981). Fear of divulging mental disorders is also a notorious problem in community surveys (Trussell, Elinson, and Levin, 1956).

Response bias may also be introduced when respondents perceive (correctly or incorrectly) that their responses will in some way affect their personal or professional interest. Mandated reporting systems, where respondents have something to gain or lose from what they report, are particularly prone to this source of error. In the case of childhood disability statistics, one of the best illustrations of this problem is in public schools where special education services are provided under the mandate of Public Law 94-142. Kirchner (1983) surmises that local education agencies have a fiscal disincentive to identify children whose needs may be costly to meet. She believes that this may in part account for the low estimates of visually handicapped children reported in special education programs by the states. The authors have encountered just the opposite tendency in some states where local education agencies have reportedly classified children to obtain a sufficient number of severely disabled children to justify the organization and special funding of separate and more costly programs.

The above discussion shows that validity is strongly influenced by the objectivity, knowledge, and preconceptions of the source of the information. Possible confounding reasons for under- or over-reporting by particular entities must be considered both in the design of survey methods and in interpreting the results.

4. Identification of Respondents

The sampling scheme, in the case of a sample survey, and the identification procedure, in the case of a census, are intended to identify a particular group of people. Both may contain biases, and the method used may result in over-identifying or under-identifying the target group. It is important to pay attention to respondent selection criteria and to the problem of nonresponse in weighing the generalizability of the results. Even when the entire population is covered by the sampling plan, many potential recipients fail to participate because they refuse, cannot be located, or are incapable of participating. Whenever this happens, the sample may become skewed toward over- or under-identification of particular disability groups.

One of the most common methods for selecting respondents is to survey persons currently receiving services, since data on these persons are more readily available than on persons unknown to the service system. These data should not, however, be taken to represent the size or characteristics of the larger population, which includes persons unserved. At best these data can provide what is commonly termed "served" prevalence rates.

The child count procedure employed in special education planning under Public Law 94-142 yields a "served" prevalence rate. It counts only those children who come to the attention of the special education system or designated child find agencies. Behrns (1980), for example, found significant undercounting of handicapping conditions among children by the State of Washington's local education agencies over a 3-year period, due to a variety of system-level factors. However, the special education program undoubtedly comes closer to serving the universe of children with disabilities than do any other public programs. Related to this point, Kiely and Lubin (1983) point out that if the area being served by the agencies whose clients are surveyed has a complete and extensive range of services, the number of disabled persons identified will probably be closer to the true or total prevalence rate than would be the case in an area where the service system is more limited. In fact, as Lindberg and Putnam (1979) explain, rates in geographic areas with more comprehensive services may be artificially high since families with disabled dependents often are drawn to richer service areas.

All of these respondent identification issues are important because they suggest that in many cases surveys are not measuring or identifying the persons that they are intended to identify.

B. RELIABILITY

It is important to use means of measurement that are as stable, accurate and dependable as possible — three terms that form the basis for the concept of reliability. This notion is epitomized by the question: If the same concepts, events, or objects are measured again and again by the same measurement instrument (or an alternate form of the same instrument), will the same results be obtained? To the extent that the same results are acquired, it can be claimed that the measurement process provides stable results that can be trusted.

Most of the surveys containing data on childhood disabilities and reviewed during this project use questionnaires or interviews to gather information and are susceptible to two associated sources of error, poor construction of scales or indexes, and interviewer bias. However, the problem of small sample size is by far the predominant factor affecting the reliability of childhood disability statistics.

To understand the role of sample size in the determination of reliability, the notion of "sampling error" must be addressed. Such error is the difference between the characteristics of a sample and the characteristics of the population from which the sample was drawn. This is because a particular sample used in a survey is one of a large number of possible samples of the same size that could have been selected using the sample design. Likewise, an estimate of some parameter (e.g., age) derived from a particular sample is one of many estimates that could have been derived from other possible samples from the same population. These estimates form a distribution that is centered around the true value for the given parameter. The deviation of a sample estimate from the mean or average of all possible sample estimates is defined as the sampling error.

Sampling error is represented or measured by a statistic called the standard error. Hence, the standard error of an estimate is a measure of the precision with which an estimate from a sample measures the true value of the parameter, the true value being the mean of all possible sample estimates, assuming no unsuspected bias or nonsampling error. The precision of an estimate in turn is affected by the size of the sample from which the estimate is based. Specifically, the size of the standard error is inversely related to the square root of the size of the sample upon which an estimate is based. Too small a sample can lead to unreliable results (i.e., estimates with large sampling errors). While the marginal benefits of continuing to increase sample size eventually diminish, it is clear that large sample sizes increase a study's reliability.

For the purpose of generating reliable childhood disability statistics, this source of error is a problem. Sower and Covert (1975) found that obtaining sizeable samples of children with particular developmental disabilities, especially those under 4 years of age, can be extraordinarily difficult. Many disabilities are not easily detected until a child enters school (e.g., mild mental retardation, learning disabilities), and early diagnostic signs may be attributed to normal developmental lags rather than to disability. As a result, researchers are forced to deal with very small samples in this age range, and sampling error becomes a major issue.

In addition, particularly in the case of less prevalent disabling conditions (e.g., Tourette's syndrome, spina bifida and neurofibromatosis), the sampling error becomes too high to draw reasonably reliable estimates about the numbers of these persons let alone their characteristics (Lubin, 1980). Even oversampling such subpopulations, often done in disability surveys to increase economically the "n," does not raise the "n" enough to reduce the sampling error to an acceptable level. For this reason, most surveys must group low incidence disabilities as "other."

C. SUMMARY

This review of the methodological issues affecting data on childhood disabilities is not exhaustive. Any of the difficulties presented is backed by an extensive literature that addresses particular technicalities and complexities. The objective here has been to highlight the most troublesome methodological concerns, particularly those that impinge on the generation of incidence and prevalence statistics, and that should be weighed in the interpretation of the results that follow. These concerns focus on sources of error that can affect the validity of the results, including definitions of disability, construction of measures, sources of information, and respondent identification. Likewise, reliability can be compromised by poor construction of scales or indexes, interviewer bias, and especially by small sample sizes.

PART III: STATISTICAL TABLES

TABLE 1

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, 1970-1973 AND 1979 - MARCH 1984

	Year of birth						
Malformation (number/rate)	1970-73	1979	1980	1981	1982	1983	1984
Anencephaly	1,879	371	253	302	270	226	43
	5.2	3.6	3.3	3.5	3.3	3.0	3.2
Spina bifida w/out anencephaly	2,614	516	403	437	396	361	58
	7.2	5.0	5.2	5.1	4.8	4.8	4.3
Hydrocephalus w/out spina bifida	1,718	453	329	469	452	436	58
	4.7	4.4	4.3	5.4	5.5	5.8	4.3
Encephalocele	438	108	90	84	86	92	15
	1.2	1.0	1.2	1.0	1.0	1.2	1.1
Total congenital anomalies	7,728	1,743	1,296	1,611	1,521	1,467	239
(nervous system)	21.3	16.9	16.8	18.6	18.5	19.6	17.9
Anophthalmos	146	21	10	24	17	19	3
	0.4	0.2	0.1	0.3	0.2	0.3	0.2
Microphthalmos	226	41	30	48	39	57	10
	0.6	0.4	0.4	0.6	0.5	0.8	0.7
Congenital cataract	222	75	53	64	73	79	16
	0.6	0.7	0.7	0.7	0.9	1.1	1.2
Aortic/pulmonary defect	107	19	16	16	23	13	4
(persistent truncus)	0.3	0.2	0.2	0.2	0.3	0.2	0.3
Transposition of great arteries	291	101	56	86	70	82	17
	0.8	1.0	0.7	1.0	0.9	1.1	1.3
Tetralogy of fallot	198	78	54	79	72	71	5
	0.5	0.8	0.7	0.9	0.9	0.9	0.4
Ventricular septal defect	1,884	1,133	909	1,193	1,211	1,190	234
	5.2	11.0	11.8	13.8	14.7	15.9	17.5
Atrial septal defect	676	120	89	111	132	133	24
	1.9	1.2	1.2	1.3	1.6	1.8	1.8
Valve stenosis and atresia	517	169	101	176	201	231	35
	1.4	1.6	1.3	2.0	2.4	3.1	2.6

TABLE 1 Continued

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, 1970-1973 AND 1979 - MARCH 1984

	Year of birth						
Malformation (number/rate)	1970-73	1979	1980	1981	1982	1983	1984
Patent ductus arteriosus	1,836 5.1	1,815 17.6	1,401 18.2	1,952 22.6	2,211 26.9	2,110 28.2	301 22.5
Coarctation of aorta	157 0.4	80 0.8	53 0.7	53 0.6	53 0.6	43 0.6	11 0.8
Cleft palate w/out cleft lip	1,936 5.3	533 5.2	376 4.9	449 5.2	385 4.7	425 5.7	75 5.6
Cleft palate with cleft lip	2,242 6.2	425 4.1	347 4.5	484 5.6	484 5.9	438 5.9	83 6.2
Cleft lip with or w/out cleft palate	3,636 10.0	782 7.6	615 8.0	758 8.8	728 8.8	698 9.3	128 9.6
Tracheo-esophageal fistula	591 1.6	183 1.8	152 2.0	177 2.0	148 1.8	135 1.8	26 1.9
Rectal atresia and stenosis	1,306 3.6	321 3.1	260 3.4	302 3.5	251 3.0	254 3.4	46 3.4
Hypospadias	7,873 21.7	2,567 24.9	2,017 26.2	2,349 27.2	2,214 26.9	2,219 29.7	458 34.3
Renal agenesis	298 0.8	126 1.2	95 1.2	123 1.4	140 1.7	135 1.8	26 1.9
Cystic kidney disease	451 1.2	92 0.9	69 0.9	87 1.0	102 1.2	101 1.4	17 1.3
Congenital ureteral obstruction	396 1.1	83 0.8	68 0.9	82 0.9	143 1.7	156 2.1	39 2.9
Bladder exstrophy	122 0.3	34 0.3	19 0.2	24 0.3	21 0.3	25 0.3	7 0.5
Clubfoot w/out central nervous system defects	10,649 29.4	2,649 25.7	1,963 25.5	2,042 23.6	2,017 24.5	1,998 26.7	341 25.5
Reduction deformity	1,140 3.1	365 3.5	293 3.8	311 3.6	275 3.3	307 4.1	51 3.8

TABLE 1 Continued

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, 1970-1973 AND 1979 - MARCH 1984

	Year of birth						
Malformation (number/rate)	1970-73	1979	1980	1981	1982	1983	1984
Reduction deformity, upper[1]	0 0.0	158 1.5	117 1.5	127 1.5	119 1.4	123 1.6	24 1.8
Reduction deformity, lower[1]	0 0.0	82 0.8	58 0.8	81 0.9	60 0.7	78 1.0	11 0.8
Hip dislocation w/out central nervous system deformity	3,486 9.6	2,508 24.3	1,785 23.2	2,130 24.6	2,279 27.7	2,245 30.0	409 30.6
Anomaly of abdominal wall[1]	0 0.0	707 6.9	459 6.0	509 5.9	578 7.0	573 7.7	179 13.4
Fetal alcohol syndrome[1]	0 0.0	105 1.0	93 1.2	102 1.2	101 1.2	120 1.6	17 1.3
Downs syndrome	3,014 8.3	805 7.8	568 7.4	656 7.6	654 7.9	620 8.3	87 6.5
Autosomal abnormality, excluding Downs syndrome	446 1.2	139 1.3	113 1.5	141 1.6	160 1.9	163 2.2	34 2.5
Congenital rubella	132 0.4	34 0.3	21 0.3	23 0.3	18 0.2	10 0.1	0 0.0
Rh hemolytic newborn disease	13,376 36.9	1,580 15.3	1,150 14.9	1,195 13.8	1,268 15.4	1,174 15.7	238 17.8

[1] Data not available prior to 1979.

SOURCE: Centers for Disease Control, Birth Defects Branch, Atlanta, GA, 1984; unpublished data.

TABLE 2

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, BY U.S. CENSUS REGION (INCLUDING PUERTO RICO), 1980

Malformation/census region	1970-73 base rate	1980 Expected number[3]	1980 Observed number	1980 Rate
Anencephaly				
Northeast	5.1	60	44	3.7
North Central	4.9	149	95	3.1
South	5.8	119	79	3.8
West	5.1	68	33	2.5
Total, United States[1]	5.2	395	251	3.3
Spina bifida w/out anencephaly				
Northeast	6.9	82	45	3.8
North Central	7.1	216	156	5.1
South	8.7	178	141	6.9
West	5.6	75	53	4.0
Total, United States[1]	7.2	549	395	5.2
Spina bifida w/out anencephaly				
Northeast	4.7	56	46	3.9
North Central	4.8	146	119	3.9
South	5.0	103	95	4.6
West	4.2	56	46	3.4
Total, United States[1]	4.7	361	306	4.0
Transposition of great vessels				
Northeast	0.9	11	11	0.9
North Central	0.8	24	21	0.7
South	0.7	14	17	0.8
West	0.9	12	7	0.5
Total, United States[1]	0.8	61	56	0.7
Ventricular septal defect				
Northeast	5.8	68	172	14.5
North Central	4.6	141	343	11.3
South	4.5	92	211	10.3
West	7.1	95	166	12.4
Total, United States[1]	5.2	396	892	11.7
Patent ductus arteriosus				
Northeast	4.6	55	204	17.1
North Central	4.6	139	478	15.8
South	4.3	90	332	16.1
West	8.5	113	257	19.2
Total, United States[1]	5.1	386	1,271	16.7

TABLE 2 Continued

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, BY U.S. CENSUS REGION (INCLUDING PUERTO RICO), 1980

Malformation/census region	1970-73 base rate	1980		
		Expected number[3]	Observed number	Rate
Cleft palate w/out cleft lip				
Northeast	5.7	68	47	3.9
North Central	5.4	164	157	5.2
South	4.7	97	95	4.6
West	5.6	76	72	5.4
Total, United States[1]	5.3	407	371	4.9
Cleft lip with or w/out cleft palate				
Northeast	9.2	110	78	6.6
North Central	10.6	320	254	8.4
South	9.2	189	158	7.7
West	11.2	150	119	8.9
Total, United States[1]	10.0	764	609	8.0
Clubfoot w/out central nervous system anomalies				
Northeast	33.6	400	359	30.2
North Central	33.5	1,017	903	29.8
South	21.5	442	442	21.5
West	23.1	310	251	18.7
Total, United States[1]	29.4	2,238	1,955	25.7
Reduction deformity				
Northeast	2.9	35	52	4.4
North Central	3.0	91	117	3.9
South	3.1	64	71	3.4
West	4.0	53	51	3.8
Total, United States[1]	3.1	239	291	3.8
Hip dislocation w/out central nervous system anomalies				
Northeast	12.2	146	365	30.7
North Central	8.4	255	629	20.7
South	6.5	134	380	18.5
West	13.9	186	389	29.1
Total, United States[1]	9.6	733	1,763	23.1
Tracheo-esophageal fistula				
Northeast	1.7	20	23	1.9
North Central	1.4	44	66	2.2
South	1.8	38	35	1.7
West	1.7	23	26	1.9
Total, United States[1]	1.6	124	150	2.0

TABLE 2 Continued

INCIDENCE (PER 10,000 TOTAL BIRTHS) OF SELECTED CONGENITAL MALFORMATIONS, BY U.S. CENSUS REGION (INCLUDING PUERTO RICO), 1980

Malformation/census region	1970-73 base rate	1980		
		Expected number[3]	Observed number	Rate
Rectal artresia and stenosis				
Northeast	4.2	50	49	4.1
North Central	3.5	107	108	3.6
South	3.1	63	66	3.2
West	3.6	49	35	2.6
Total, United States[1]	3.6	274	258	3.4
Renal agenesis				
Northeast	0.9	10	11	0.9
North Central	0.8	26	46	1.5
South	0.8	15	25	1.2
West	0.8	11	13	1.0
Total, United States[1]	0.8	62	95	1.2
Hypospadias[2]				
Northeast	45.5	279	360	58.7
North Central	42.7	663	837	53.8
South	38.4	405	481	45.6
West	41.3	283	307	44.8
Total, United States[1]	42.2	1,648	1,985	50.8
Downs Syndrome				
Northeast	9.7	116	103	8.7
North Central	8.3	250	224	7.4
South	6.6	137	117	5.7
West	8.9	119	115	8.6
Total, United States[1]	8.3	633	559	7.3

[1] Includes Puerto Rico.

[2] Rates per 10,000 male births.

[3] Base rate x 1980 births.

SOURCE: Centers for Disease Control, Birth Defects Branch, Atlanta, GA; unpublished data, 1984.

TABLE 3

INCIDENCE (PER 10,000) OF SELECTED GENETIC/METABOLIC DISORDERS AMONG INFANTS SCREENED BY STATE HEALTH AGENCIES, JULY 1981 - JUNE 1982

Genetic/metabolic disorder	Number of SHA's reporting data	Infants screened		Infants with confirmed diagnosis	
		Total	Number per 10,000 live births	Number	Incidence
Phenylketonuria	38	2,165,019	9,383	152	0.7
Hypothyroidism	37	1,989,028	9,279	424	2.1
Galactosemia	22	951,647	8,717	16	0.2
Maple syrup urine disease	14	410,189	8,257	3	0.1
Sickle cell	5	102,111	1,858	35	3.4

[1] Includes data from only those SHA's able to report both the number screened and the number with a confirmed diagnosis.

SOURCE: Association of State and Territorial Health Officials, Services for Mothers and Children, *Public Health Agencies, 1982*, Hyattsville: p. 9, 1984.

TABLE 4

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION, SEX AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Sex and age	Total population	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
All ages, 0-20	100.0%	95.8%	4.2%	2.1%	1.9%	0.2%
0-2 years	100.0%	98.6%	***1.4%	-	1.0%	0.4%
3-5 years	100.0%	97.0%	3.0%	-	2.7%	0.3%
6-11 years	100.0%	95.8%	4.2%	2.4%	1.8%	**
12-17 years	100.0%	95.0%	5.0%	3.1%	1.8%	*0.1%
18-20 years	100.0%	94.3%	5.7%	2.9%	2.3%	0.5%
Male						
All ages, 0-20	100.0%	95.2%	4.8%	2.3%	2.3%	0.2%
0-2 years	100.0%	98.4%	1.6%	-	1.1%	0.5%
3-5 years	100.0%	96.2%	3.8%	-	3.2%	0.5%
6-11 years	100.0%	95.1%	4.9%	2.8%	2.0%	*0.1%
12-17 years	100.0%	94.3%	5.7%	3.4%	2.3%	*0.0%
18-20 years	100.0%	93.5%	6.5%	3.4%	2.5%	0.6%
Female						
All ages, 0-20	100.0%	96.5%	3.5%	1.7%	1.6%	0.2%
0-2 years	100.0%	98.8%	1.2%	-	0.8%	0.4%
3-5 years	100.0%	97.8%	2.2%	-	2.1%	*0.1%
6-11 years	100.0%	96.4%	3.6%	1.9%	1.6%	*0.1%
12-17 years	100.0%	95.7%	4.3%	2.8%	1.4%	1.1%
18-20 years	100.0%	95.1%	4.9%	2.4%	2.2%	0.3%

[1] Major activity refers to ability to to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

*** 1.4% of children (0-2 years of age) had some limitation of activity due to a chronic condition.

SOURCE: National Center for Health Statistics, 1981 Health Interview Survey; tabulations prepared from public use tapes by Human Services Research Institute.

TABLE 5

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND ETHNIC BACKGROUND: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Ethnic background[1]	Number	All persons	With no limitation of activity	With limitation of activity			
				Total	Limited, but not in major activity[2]	Limited in amount or kind of major activity[2]	Unable to carry on major activity[2]
White	59,781,998	100.0%	95.8%	4.2%	2.2%	1.8%	0.2%
Black	10,949,167	100.0%	96.0%	4.0%	1.3%	2.4%	0.3%
Other	7,873,995	100.0%	95.5%	4.5%	2.0%	2.5%	*0.0%

[1] Ethnic background is unknown for 913,859 or 1.2% of children surveyed.

[2] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 6

PERCENT OF CHILDREN (UNDER AGE 17) REPORTING ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND YEAR: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1966-1981

	All persons			With limitation of activity		
Year	Number in thousands	Percent	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in major activity[1]
1966[2]	66,921	100.0%	98.1%	1.9%	1.0%	0.9%
1969	66,866	100.0%	97.4%	2.6%	1.4%	1.2%
1972	64,865	100.0%	97.0%	3.0%	1.4%	1.6%
1975	61,945	100.0%	96.3%	3.7%	1.8%	1.9%
1978	59,012	100.0%	96.1%	3.9%	1.9%	2.0%
1981	58,883	100.0%	96.2%	3.8%	1.8%	2.0%

[1] Major activity refers to ability to work, keep house,or engage in school or preschool activities.

[2] July 1965 through June 1967, a two-year average centered around 1966.

SOURCE: National Center for Health Statistics, National Health Interview Survey; data reported in *Digest of Data on Persons with Disabilities*, prepared by Mathematica Policy Research, 1984, Table IB3.

TABLE 7

MEAN DURATION[1] OF LIMITATION OF ACTIVITY OF CHILDREN (UNDER AGE 21), BY AGE AND CHRONIC ACTIVITY LIMITATION STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Age	Total	Activity limitation status		
		Limited, but not in major activity[2]	Limited in amount or kind of major activity[2]	Unable to carry on major activity[2]
Less than one year	6.7	-	-	6.7
1-2 years	14.8	-	14.3	17.3
3-5 years	35.8	-	35.3	39.4
6-10 years	51.0	59.4	40.9	65.0
11-15 years	75.5	77.0	73.5	*60.5
16-20 years	98.3	96.0	101.2	95.8

[1] Mean duration refers to number of months.

[2] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 8

NUMBER OF CHILDREN (UNDER AGE 17) NEEDING HELP IN BASIC PHYSICAL ACTIVITIES BECAUSE OF A CHRONIC HEALTH PROBLEM: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1979-1980

Basic physical activities[1]	Persons (in thousands)	Rate per 1,000 persons
Walking	63	1.1
Going outside	71	1.2
Bathing	88	1.5
Dressing	92	1.6
Using the toilet	61	1.1
Getting in and out of bed or chair	45	0.8
Eating	37	0.6
One or more activities	134	2.3
One only	32	0.6
Two or three	46	0.8
Four or more	56	0.9

[1] Needs or receives the help of another person or does not do the indicated activity because of a chronic health problem.

*Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: National Center for Health Statistics, 1979 and 1980 National Health Interview Surveys; data reported in *Digest of Data on Persons with Disabilities*, prepared by Mathematica Policy Research, Table IC1.

TABLE 9

NUMBER OF PHYSICIAN VISITS PER CHILD (UNDER AGE 21) PER YEAR, BY CHRONIC ACTIVITY LIMITATION STATUS AND SEX: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Age	All Persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes	2.91	2.70	7.72	6.55	8.23	14.21
Male	2.84	2.60	7.75	6.52	8.26	14.30
Female	2.97	2.80	7.67	6.59	8.19	14.07

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 10

PERCENT OF CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS AND ONE OR MORE OVERNIGHT HOSPITALIZATIONS, BY NUMBER OF HOSPITALIZATIONS, AGE, AND DEGREE OF LIMITATION: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Age and number of hospitalizations [1]	All persons	With no limitation of activity	Total	Limited, but not in major activity[2]	Limited in amount or kind of major activity[2]	Unable to carry on major activity[2]
Children 0-5 years						
Number	20,110,943	19,434,394	408,582	1,967	346,640	59,795
0 hospitalizations	79.0%	80.7%	***47.4%	**	53.4%	*11.3%
1	14.4%	14.5%	20.2%	-	21.0%	*16.4%
2	3.3%	3.1%	13.9%	-	*8.6%	45.2%
3	1.0%	**	*4.7%	-	*4.9%	*3.3%
4 or more	2.3%	1.7%	13.8%	-	12.1%	*23.8%
Children 6-17 years						
Number	42,468,896	40,517,913	1,950,983	1,210,305	738,674	15,687
0 hospitalizations	58.5%	59.8%	33.4%	36.6%	27.5%	*35.1%
1	26.3%	26.3%	26.5%	25.4%	28.0%	*25.5%
2	8.5%	8.2%	15.2%	14.2%	16.9%	-
3	3.0%	2.8%	9.2%	9.6%	7.7%	*39.5%
4 or more	2.4%	2.9%	15.7%	14.2%	19.9%	-

[1] Number of hospitalizations is unknown for 806,150 or 1.3% of children surveyed.

[2] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown.

*** 47.4% percent of children (under age 18) with limitation of activity had no overnight hospitalizations during the 12 months prior to the 1981 survey.

SOURCE: National Center for Health Statistics, Child Health Supplement to the National Health Interview Survey, 1981; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 11

PERCENT OF CHILDREN (UNDER AGE 17) WITH CHRONIC ACTIVITY LIMITATIONS, BY NUMBER OF BED DISABILITY DAYS[1] AND CHRONIC ACTIVITY LIMITATION STATUS: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Bed days	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[2]	Limited in amount or kind of major activity[2]	Unable to carry on major activity[2]
Number	63,345,269	60,915,967	2,431,057	1,181,106	1,148,083	107,750
None	48.9%	49.7%	29.3%	27.5%	32.2%	*18.4%
1-7 days	42.4%	42.6%	***38.6%	45.6%	32.9%	*16.3%
8-30 days	7.1%	6.4%	24.0%	23.1%	24.2%	32.7%
31-180 days	0.7%	0.5%	6.8%	3.1%	8.9%	26.5%
181-365 days	0.0%	0.0%	*0.9%	*0.3%	*1.1%	*6.1%
Unknown	0.9%	0.8%	*0.4%	*0.4%	*0.7%	**

[1] During previous 12 months.

[2] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

*** 38.6% of children (under age 17) with limitation of activity spent one to seven bed days during the 12 months prior to the 1981 survey.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 12

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS AND ONE OR MORE SHORT-STAY HOSPITAL EPISODES DURING PREVIOUS 12 MONTHS, BY DEGREE OF LIMITATION, SEX AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Sex and age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Both sexes						
Total, ages 0-20	5.96%	5.53%	***15.94%	11.55%	17.75%	42.31%
0-5 years	7.34%	6.83%	30.33%	-	24.0%	61.11%
6-11 years	3.34%	3.06%	9.81%	7.66%	12.92%	-
12-17 years	4.83%	4.36%	13.83%	11.43%	15.53%	75.00%
18-20 years	10.30%	9.83%	18.13%	17.26%	19.40%	17.24%
Male						
Total, ages 0-20	5.45%	5.05%	13.30%	9.72%	14.25%	37.50%
0-5 years	8.21%	7.64%	29.23%	-	22.86%	56.0%
6-11 years	3.98%	3.79%	7.72%	*5.67%	*10.78%	-
12-17 years	4.16%	3.72%	11.35%	10.31%	11.54%	**
18-20 years	5.83%	5.33%	12.97%	*14.43%	*11.43%	*11.11%
Female						
Total, ages 0-20	6.49%	6.01%	19.62%	14.02%	22.73%	50.00%
0-5 years	6.43%	5.98%	32.10%	-	25.71%	72.73%
6-11 years	2.67%	2.30%	12.79%	10.64%	*15.79%	-
12-17 years	5.53%	5.00%	17.23%	12.82%	22.37%	*66.67%
18-20 years	14.55%	14.03%	24.66%	21.13%	28.13%	*27.27%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

*** 15.94% of all children (0-20 years of age) with limitation of activity had one or more short-stay hospital episodes during the 12 months preceding the 1981 National Health Interview Survey.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 13

PERCENT OF CHILDREN (AGES 6-17) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND ABILITY TO ATTEND SCHOOL, 1981

School attendance	All persons	With no limitation of activity	With limitation of activity
Number	43,425,907	41,434,296	1,991,611
Unable to attend	.04%	-	*.78%
Limited attendance[1]	1.75%	.02%	37.75%
Limited in outside activities[2]	2.82%	-	61.48%

[1] Limited in attendance or must attend a certain type of school.

[2] Can attend school but limited in outside activities.

* Figure has low statistical reliability or precision (relative standard errorexceeds 30%).

SOURCE: National Center for Health Statistics, Child Health Supplement to the National Health Interview Survey, 1981; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 14

NUMBER OF LOST SCHOOL DAYS PER CHILD (UNDER AGE 21) PER YEAR, BY CHRONIC ACTIVITY LIMITATION STATUS AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
All ages, 0-20	2.93	2.79	7.81	5.00	10.48	24.19
6-11 years	3.66	3.47	8.04	6.53	10.25	**
12-17 years	2.75	2.46	8.29	4.71	12.84	*43.41
18-20 years	2.06	1.78	6.68	*3.45	*7.16	*23.06

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 15

MEAN BEHAVIOR PROBLEM SCORES[1] OF CHILDREN (UNDER AGE 18), BY CHRONIC ACTIVITY LIMITATION STATUS AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Age	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[2]	Limited in amount or kind of major activity[2]	Unable to carry on major activity[2]
0-5 years	1.12	1.09	2.13	**	2.13	*1.43
6-11 years	2.01	1.94	3.57	3.28	4.03	-
12-17 years	2.70	2.61	4.32	3.71	5.24	5.93

[1] Based on a 32-item behavior problem index, the mean behavior problem score is the average number of times behaviors were reported as "often true."

[2] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliabilty or precision (relative standard error exceeds 30%).

** Estimate not shown.

SOURCE: National Center for Health Statistics, Child Health Supplement to the 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 16

PERCENT OF CHILDREN (3-17) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND BEHAVIOR PROBLEM INDICATOR: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Behavior problem indicator	All persons	With no limitation of activity	With limitation of activity
Number	54,857,102	52,564,000	2,293,102
Takes drugs to control behavior	0.6%	0.4%	3.9%
Has seen psychiatrist, psychologist or psychoanalyst	6.5%	5.6%	26.1%
Is seeing psychiatrist, psychologist or psychoanalyst	1.1%	0.8%	7.1%

SOURCE: National Center for Health Statistics, Child Health Supplement to the National Health Interview Survey, 1981; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 17

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND FAMILY SIZE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Number of family members	All persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of of major activity[1]	Unable to carry on major activity[1]
Number	73,811,834	70,748,532	3,063,302	1,507,408	1,395,829	160,065
0 (unrelated individual)	2.6%	2.6%	3.8%	5.7%	2.0%	*1.3%
1	**	**	-	-	-	-
2	4.9%	4.8%	***6.4%	6.2%	6.6%	*5.1%
3	17.8%	17.7%	19.4%	19.4%	18.6%	26.9%
4	31.5%	31.5%	31.2%	31.2%	31.7%	26.9%
5	21.5%	21.6%	20.7%	22.3%	19.6%	14.1%
6	11.0%	11.0%	10.2%	9.2%	11.3%	11.5%
7	5.4%	5.5%	3.8%	3.6%	3.9%	*5.1%
8 or more	5.2%	5.3%	4.5%	2.4%	6.2%	*9.0%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figures has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

*** 6.4% of children (under age 21) with limitation of activity lived with one other related person (family size is two).

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 18

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND FAMILY STRUCTURE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Family structure	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	75,283,819	72,178,261	3,105,558	1,520,295	1,423,294	161,969
Both parents (no other adults)	65.6%	65.9%	***57.9%	59.6%	56.1%	57.7%
Mother only	12.9%	12.6%	19.0%	17.7%	20.9%	*14.1%
Father only	1.1%	1.1%	*0.3%	*0.9%	*0.9%	-
Both parents and other adult relative	7.5%	7.5%	7.0%	6.0%	7.4%	*14.1%
Mother and other adult relative	3.8%	3.8%	5.1%	4.2%	5.8%	*7.7%
Father and other adult relative	*0.4%	*0.4%	*0.3%	*0.1%	*0.3%	*2.6%
No parent, but one adult relative	0.6%	0.6%	*0.5%	*0.5%	*0.4%	-
No parent, but two or more adult relatives	1.5%	1.5%	1.1%	**	*1.4%	*1.3%
Child married	2.9%	2.9%	3.5%	3.6%	3.8%	*1.3%
Other	3.6%	3.5%	4.7%	6.5%	3.0%	*1.3%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (standard error exceeds 30%).

** Less than 1%.

*** 57.9% of children (under age 21) with limitation of activity lived with both parents.

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 19

PERCENT OF CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND MARITAL STATUS OF MOTHER: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Marital status of mother	All persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	63,142,149	60,729,858	2,412,291	1,222,302	1,109,102	80,887
Married	78.8%	79.1%	**73.7%	73.7%	66.8%	71.0%
Widowed	1.6%	1.5%	2.6%	*2.6%	*1.5%	*4.9%
Divorced	7.7%	7.5%	14.0%	14.0%	10.1%	*13.5%
Separated	4.5%	4.4%	5.0%	5.0%	11.6%	-
Never married	4.2%	4.1%	3.4%	*3.4%	7.0%	*5.7%
No mother in household	3.1%	3.2%	*1.3%	*1.3%	*3.1%	*4.9%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** 73.7% of children (under age 18) with limitation of activity had mothers who were married.

SOURCE: National Center for Health Statistics, Child Health Supplement to the National Health Interview Survey, 1981; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 20

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND RELATIONSHIP OF CHILDREN TO THE FAMILY: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Family relationship	All persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	75,283,819	72,178,261	3,105,558	1,520,295	1,423,294	161,969
Child of head or of spouse of head of primary family[2]	89.0%	89.0%	**88.3%	87.1%	89.7%	86.6%
Grandchild of head or of spouse of head of primary family[2]	3.7%	3.8%	2.6%	*1.7%	3.6%	*4.9%
Other relative of primary family[2]	1.7%	1.6%	1.4%	*1.6%	*1.3%	*1.2%
Child of head or of spouse of head of secondary family[3]	0.3%	0.3%	*0.4%	0.4%	0.4%	*3.7%
Other relationship	5.3%	5.3%	7.3%	9.2%	5.0%	*5.6%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

[2] A primary family is a group of persons related to each other and to the head of the household and living in a housing unit.

[3] A secondary family is a group of persons related to each other but not to the head of the household, or a group of related persons living in a non-housing unit.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** 83.3% of children (under age 21) with limitation of activity were the children of the head or the spouse of the head of the primary family.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 21

PERCENT OF CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION, AGE, AND EMPLOYMENT STATUS OF PRIMARY CARETAKER: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Age of child and employment status of caretaker	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	63,142,149	60,729,858	2,412,291	1,222,302	1,109,102	80,887
0-5 years						
Caretaker under age 17	.4%	.3%	*1.4%	-	*1.7%	-
Employed	37.8%	37.6%	47.8%	-	52.0%	*21.2%
Unemployed	6.8%	6.8%	*5.4%	-	*4.5%	*10.7%
Not in labor force	51.0%	51.2%	40.7%	-	36.3%	68.1%
Caretaker unknown	3.9%	3.9%	4.7%	-	*5.5%	-
6-11 years						
Caretaker under age 17	.6%	.6%	-	-	-	-
Employed	46.6%	46.7%	43.3%	46.5%	38.2%	-
Unemployed	6.5%	6.4%	8.6%	*8.4%	*9.1%	-
Not in labor force	39.2%	39.1%	40.6%	39.4%	42.6%	-
Caretaker unknown	7.0%	7.0%	7.4%	5.7%	*10.2%	-

Continued on next page

TABLE 21 Continued

PERCENT OF CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION, AGE, AND EMPLOYMENT STATUS OF PRIMARY CARETAKER: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Age of child and employment status of caretaker	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
12-17 years						
Caretaker under age 17	.2%	.2%	*.3%	*.5%	-	-
Employed	24.2%	24.4%	20.3%	26.5%	11.1%	-
Unemployed	2.2%	2.0%	*4.9%	*5.2%	*4.7%	-
Not in labor force	18.0%	18.2%	***14.7%	14.6%	15.6%	-
Sample child age 15 or older[2]	50.7%	50.5%	53.3%	47.3%	61.0%	**
Caretaker unknown	4.7%	4.6%	6.1%	6.0%	*6.7%	-

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

[2] Questions about caretaking arrangements were not asked for children age 15 and over.

*Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Estimate not shown (too few sample cases).

*** 14.7% of children (ages 12-17) with limitation of activity had primary caretakers who were not in the labor force.

SOURCE: National Center for Health Statistics, Child Health Supplement to the 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 22

PERCENT OF CHILDREN (UNDER AGE 21) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND LEVEL OF ANNUAL FAMILY INCOME: CIVILIAN NONINSTITUIONALIZED POPULATION, 1981

Annual family income	All persons	With no limitation of activity	With limitation of activity			
			Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	73,811,834	70,748,532	3,063,302	1,507,408	1,395,829	160,065
Under $3,000	4.1%	4.1%	**4.1%	4.5%	5.2%	*1.3%
$3,000-4,999	5.0%	4.9%	7.1%	6.8%	7.5%	*6.4%
$5,000-6,999	5.6%	5.5%	7.2%	6.9%	7.5%	*6.4%
$7,000-9,999	7.0%	6.8%	10.0%	8.1%	10.7%	21.8%
$10,000-14,999	13.3%	13.2%	15.6%	15.4%	15.9%	*15.4%
$15,000-24,999	24.1%	24.2%	20.9%	20.3%	21.6%	19.2%
$25,000 or more	32.5%	32.7%	26.2%	29.9%	23.4%	*15.4%
Unknown	8.4%	8.4%	8.5%	8.1%	8.2%	*14.1%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative error exceeds 30%).

** 4.1% of children (under age 21) with limitation of activity lived in households with an annual family income under $3000.

SOURCE: National Center for Health Statistics, 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 23

PERCENT OF CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND TYPE OF CARETAKER: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Type of caretaker	All persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	63,142,149	60,729,858	2,412,291	1,222,302	1,109,102	80,887
Related household member(s) only	53.9%	54.2%	***46.6%	49.8%	43.8%	37.6%
Child cares for self	5.0%	4.9%	6.2%	7.7%	4.9%	-
Unrelated sitter	5.5%	5.5%	4.6%	*3.4%	5.7%	*7.6%
Related sitter	8.1%	8.1%	7.3%	6.3%	7.6%	18.6%
Daycare center or nursery	3.4%	3.4%	3.7%	**	6.7%	*4.9%
Combination of above	**	1.6%	*1.5%	*1.3%	*1.9%	-
Sample child, age 15 and over[2]	18.2%	17.9%	26.4%	28.0%	24.6%	26.1%
Unknown	4.5%	4.4%	3.8%	*2.7%	4.8%	*5.3%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

[2] Questions about caretaking arrangements were not asked for children age 15 and over.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** Less than 1%.

*** 46.6% of children with limitation of activity (under age 18) were cared for by a related household member.

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: National Center for Health Statistics, Child Health Supplement to the 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 24

PERCENT OF CHILDREN (UNDER AGE 15) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION, TYPE OF CARETAKER, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Type of caretaker and age of child	All persons	With no limitation of activity	With limitation of activity
Children 0-5 years			
Number	20,125,070	19,704,791	420,279
Related household member	58.6%	59.6%	48.3%
Child cares for self	0.0%	0.0%	-
Unrelated sitter	11.6%	11.5%	13.1%
Related sitter	12.9%	13.0%	*9.3%
Day care center or nursery	9.0%	8.8%	18.1%
Combination of above	3.4%	3.0%	*4.2%
Unknown	4.5%	4.1%	*7.0%
Children 6-14 years			
Number	31,534,977	30,178,973	1,356,004
Related household member	70.2%	70.3%	67.9%
Child cares for self	10.0%	9.9%	11.0%
Unrelated sitter	3.6%	3.6%	4.1%
Related sitter	8.0%	7.9%	10.1%

TABLE 24 Continued

PERCENT OF CHILDREN (UNDER AGE 15) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION, TYPE OF CARETAKER, AND AGE: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

Type of caretaker and age of child	All persons	With no limitation of activity	With limitation of activity
Children 6-14 years, continued			
Day care center or nursery	1.0%	1.0%	*1.0%
Combination of above	0.8%	0.8%	*1.5%
Unknown	6.4%	6.5%	4.4%

*Figure has low statistical reliability or precision (relative standard error exceeds 30 percent).

SOURCE: National Center for Health Statistics, Child Health Supplement to the National Health Interview Survey, 1981; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 25

PERCENT OF FAMILIES HAVING CHILDREN (UNDER AGE 18) WITH CHRONIC ACTIVITY LIMITATIONS, BY DEGREE OF LIMITATION AND REPORTED EFFECTS OF CHILDREN'S CONDITION ON FAMILY: CIVILIAN NONINSTITUTIONALIZED POPULATION, 1981

			With limitation of activity			
Consequences reported	All persons	With no limitation of activity	Total	Limited, but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
Number	63,142,149	60,729,858	2,412,291	1,222,302	1,109,102	80,887
Moved to different home	.6%	.4%	**4.9%	*4.1%	6.2%	-
Refused a job	.5%	.2%	7.0%	5.4%	9.2%	-
Quit or changed jobs	.6%	.4%	5.5%	7.4%	*3.4%	*5.2%
Forced to take a job	.2%	.1%	2.7%	*4.0%	*1.6%	-
Left home	.2%	.1%	2.7%	*2.9%	*2.2%	*4.9%
Divorce or legal separation	.2%	.1%	2.3%	*2.0%	*2.5%	*4.9%
Severe problems making ends meet	1.3%	.9%	10.3%	8.5%	12.2%	*10.7%
Other major change in regular way of life	1.0%	.6%	10.6%	7.9%	13.1%	*17.7%

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

** 4.9% of children (under age 18) with limitation of activity had families who reported having to move to a different home as a consequence of child's limitation.

SOURCE: National Center for Health Statistics, Child Health Supplement to the 1981 National Health Interview Survey; tabulation prepared from public use tapes by Human Services Research Institute.

TABLE 26

NUMBER OF CHILDREN (UNDER AGE 20) ENROLLED IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE MENTALLY HANDICAPPED, BY SEX AND AGE, 1980

Sex and age	Homes and schools[1]	Type of control	
		Public	Private
Total, both sexes[2]	39,515	21,088	18,427
Male			
Total, ages 0-19	23,899	12,331	11,568
Under 5 years	610	378	232
5 years	178	115	63
6 years	270	114	156
7-9 years	1,520	772	748
10-14 years	5,952	3,171	2,781
15-17 years	9,902	4,235	5,667
18 and 19 years	5,467	3,546	1,921
Female			
Total, ages 0-19	15,616	8,757	6,859
Under 5 years	392	206	186
5 years	167	72	95
6 years	197	112	85
7-9 years	1,003	514	489
10-14 years	4,194	2,532	1,662
15-17 years	6,069	2,884	3,185
18 and 19 years	3,594	2,437	1,157

---

[1] Homes and schools for the mentally handicapped are institutions which provide care primarily for the mentally handicapped.

[2] Any difference in the total population as shown in this table and the next table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 18.

READEX
FICHE

TABLE 27

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE MENTALLY HANDICAPPED, BY ETHNIC BACKGROUND AND AGE, 1980

Ethnic background and age	Homes and schools[1]	Type of control	
		Public	Private
Total[2]	42,635	23,588	19,047
White			
Total, ages 0-19	30,933	16,717	14,216
Under 5 years	781	482	299
5 years	272	135	137
6 years	374	194	180
7-9 years	2,007	1,033	947
10-14 years	7,891	4,438	3,453
15-17 years	12,165	5,539	6,626
18 and 19 years	7,743	4,896	2,547
Black			
Total, ages 0-19	9,455	5,845	3,610
Under 5 years	143	67	76
5 years	*40	*34	*6
6 years	57	*18	*39
7-9 years	399	197	202
10-14 years	1,784	983	801
15-17 years	2,900	1,265	1,635
18 and 19 years	1,264	906	358
Spanish origin[3]			
Total, ages 0-19	2,247	1,026	1,221
Under 5 years	*46	*31	*15
5 years	*36	*27	*9
6 years	*26	*9	*17
7-9 years	137	72	65
10-14 years	562	288	274
15-17 years	1,034	372	662
18 and 19 years	406	227	179

---

[1] Homes and schools for the mentally handicapped are institutions which provide care primarily for the mentally handicapped.

[2] Any difference in the size of the total population as shown in this table and the previous table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

[3] Persons of Spanish origin may be of any race.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: U. S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 19.

TABLE 28

NUMBER OF CHILDREN (UNDER AGE 20) ENROLLED IN HOMES AND SCHOOLS FOR THE MENTALLY HANDICAPPED, BY STATE AND TYPE OF CONTROL OF HOME OR SCHOOL, 1980

State	Total, homes and schools	Type of control	
		Public	Private
Total	39,515	21,088	18,427
Alabama	205	*49	156
Alaska	140	*35	105
Arizona	163	53	110
Arkansas	309	257	52
California	4,038	1,421	2,617
Colorado	811	385	426
Connecticut	745	579	166
Delaware	139	73	66
District of Columbia	79	*4	75
Florida	1,148	806	342
Georgia	236	*7	229
Hawaii	93	78	*15
Idaho	200	116	84
Illinois	2,322	1,436	886
Indiana	557	333	224
Iowa	478	325	153
Kansas	277	131	146
Kentucky	358	190	168
Louisana	1,185	641	544
Maine	262	122	140
Maryland	776	375	401
Massachusetts	816	340	476
Michigan	1,026	657	369
Minnesota	1,167	529	638
Mississippi	328	235	93
Missouri	1,103	451	652
Montana	107	85	*22
Nebraska	232	193	*39
Nevada	59	39	*20
New Hampshire	100	68	*32
New Jersey	1,634	1,505	129
New Mexico	141	7	134
New York	2,988	1,589	1,399
North Carolina	789	394	395
North Dakota	164	109	55
Ohio	1,490	569	921
Oklahoma	1,424	1,188	236
Oregon	584	350	234
Pennsylvania	3,048	734	2,314

TABLE 28 Continued

NUMBER OF CHILDREN (UNDER AGE 20) ENROLLED IN HOMES AND SCHOOLS FOR THE MENTALLY HANDICAPPED, BY STATE AND TYPE OF CONTROL OF HOME OR SCHOOL, 1980

State	Total, homes and schools	Type of control	
		Public	Private
Rhode Island	*26	-	*26
South Carolina	775	573	202
South Dakota	158	110	*48
Tennessee	510	171	339
Texas	2,730	1,716	1,014
Utah	292	196	96
Vermont	149	67	82
Virginia	580	161	419
Washington	707	450	257
West Virginia	355	249	106
Wisconsin	1,278	834	444
Wyoming	234	103	131

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 27.

TABLE 29

PERCENT OF MENTALLY RETARDED PERSONS IN RESIDENTIAL FACILITIES, BY TYPE OF FACILITY, AGE, AND LEVEL OF RETARDATION: UNITED STATES, 1982

	Type of facility								
Resident characteristics	Special foster home	Group residence (1-15)	Group residence (private 16+)	Group residence (public 16+)	Semi-independent living	Board and care	Personal care home	Special nursing home	U.S. total
Number	17,147	42,018	40,347	122,971	2,870	1,264	4,070	12,982	243,669
Age[1]									
Birth-4 years	3.1%	.4%	1.0%	.4%	0%	.7%	.5%	3.7%	.8%
5-9 years	6.2%	1.4%	3.8%	1.5%	.2%	.6%	1.6%	8.0%	2.5%
10-14 years	10.0%	4.0%	9.5%	4.5%	.1%	.6%	2.5%	10.9%	5.8%
15-21 years	18.1%	14.0%	17.8%	15.6%	7.3%	4.0%	5.6%	15.6%	15.5%
22-39 years	32.0%	53.3%	41.8%	50.2%	65.4%	38.3%	31.6%	33.6%	47.0%
40-62 years	23.1%	23.8%	22.1%	22.9%	25.5%	40.5%	41.1%	21.8%	23.3%
63 years and over	7.6%	3.0%	4.1%	5.0%	1.5%	15.3%	17.1%	6.4%	4.8%
Level of retardation[2]									
Borderline/mild	25.9%	29.3%	26.8%	7.0%	61.8%	47.1%	31.2%	9.2%	16.8%
Moderate	37.7%	37.9%	29.9%	12.9%	32.5%	3.6%	39.8%	16.2%	22.8%
Severe	26.0%	23.2%	24.0%	24.3%	5.3%	17.6%	20.6%	26.2%	24.0%
Profound	10.4%	9.5%	19.3%	55.8%	.4%	1.7%	8.4%	48.5%	36.5%

[1] 89.1% facilities reporting representing 91.8% of 243,669 residents.

[2] 89.2% facilities reporting representing 92.5% of 243,669 residents.

SOURCE: Hauber, F.A., Bruininks, R.H., Hill, B.K., Lakin, K.C., & White, C.C. (1982). *National Census of Residential Facilities: Fiscal Year 1982*. Minneapolis: University of Minnesota Department of Educational Psychology (p. 51).

TABLE 30

PERCENT OF MENTALLY RETARDED PERSONS IN RESIDENTIAL FACILITIES, BY AGE AND STATE: UNITED STATES, 1982

	Age						
State	Birth-4	5-9	10-14	15-21	22-39	40-62	63 +
Alabama	0.8%	1.0%	1.7%	11.1%	47.9%	31.9%	5.7%
Alaska	0.8%	6.5%	10.1%	32.7%	48.0%	2.0%	0.0%
Arizona	1.5%	5.0%	9.8%	14.9%	54.5%	13.0%	1.2%
Arkansas	3.2%	2.8%	9.4%	24.3%	55.7%	4.2%	0.3%
California	1.7%	4.0%	7.4%	16.8%	47.0%	20.2%	2.9%
Colorado	0.7%	2.2%	6.7%	19.1%	52.3%	16.8%	2.1%
Connecticut	1.3%	2.5%	4.2%	14.3%	51.3%	23.1%	3.2%
Delaware	0.1%	0.8%	4.2%	16.9%	42.4%	26.4%	9.2%
District of Columbia	*	*	*	*	*	*	*
Florida	1.4%	3.4%	7.7%	16.5%	51.5%	17.5%	2.1%
Georgia	0.3%	2.6%	4.1%	13.7%	53.5%	23.6%	2.4%
Hawaii	3.8%	8.9%	17.3%	13.4%	19.5%	25.7%	11.5%
Idaho	0.9%	3.1%	4.2%	12.5%	42.0%	28.6%	8.6%
Illinois	1.1%	3.2%	7.7%	18.1%	45.0%	21.5%	3.4%
Indiana	1.4%	2.7%	7.0%	15.2%	48.3%	23.1%	2.2%
Iowa	0.4%	2.1%	4.4%	12.7%	46.1%	26.5%	7.9%
Kansas	1.0%	3.7%	8.9%	16.9%	46.9%	20.8%	1.5%
Kentucky	0.0%	1.3%	5.4%	22.3%	59.1%	11.7%	0.1%
Louisiana	1.8%	3.9%	9.2%	22.9%	44.4%	14.9%	2.8%
Maine	1.3%	3.4%	3.3%	8.9%	42.8%	31.8%	8.5%
Maryland	0.5%	1.6%	5.8%	16.8%	50.5%	21.8%	3.0%
Massachusetts	0.1%	0.3%	3.6%	14.5%	49.1%	27.1%	5.1%
Michigan	0.8%	1.5%	3.9%	12.8%	47.2%	27.8%	6.1%
Minnesota	0.2%	1.9%	4.4%	13.9%	49.0%	25.4%	5.3%
Mississippi	0.2%	2.8%	5.9%	16.5%	41.0%	27.3%	6.2%
Missouri	1.0%	3.3%	8.2%	15.2%	37.8%	25.7%	8.7%
Montana	0.0%	1.6%	4.3%	13.3%	56.7%	20.6%	3.8%
Nebraska	0.3%	1.6%	5.3%	13.7%	50.8%	26.0%	2.2%
Nevada	1.3%	4.7%	14.0%	25.9%	47.2%	6.6%	0.3%
New Hampshire	0.7%	1.7%	2.0%	10.6%	45.9%	31.0%	8.0%
New Jersey	0.2%	1.1%	3.8%	10.4%	42.0%	31.4%	11.2%
New Mexico	0.4%	2.5%	5.8%	21.5%	55.9%	11.6%	2.3%
New York	0.3%	1.4%	3.1%	12.6%	44.1%	28.7%	9.5%
North Carolina	0.9%	2.6%	6.5%	17.2%	53.3%	17.2%	2.2%
North Dakota	0.4%	0.9%	2.2%	9.1%	49.5%	29.4%	8.6%
Ohio	1.0%	2.8%	5.6%	13.0%	46.3%	25.2%	6.3%
Oklahoma	0.0%	3.0%	12.8%	29.3%	39.9%	11.2%	4.1%
Oregon	0.1%	1.5%	4.6%	15.7%	59.4%	17.7%	1.1%
Pennsylvania	0.6%	2.4%	6.9%	15.1%	42.4%	27.0%	5.5%
Rhode Island	0.9%	1.9%	2.4%	6.5%	52.3%	28.8%	7.3%
South Carolina	0.8%	2.6%	5.4%	16.3%	52.3%	19.6%	3.1%
South Dakota	0.0%	0.4%	2.2%	16.0%	55.7%	23.5%	2.1%

TABLE 30 Continued

PERCENT OF MENTALLY RETARDED PERSONS IN RESIDENTIAL FACILITIES, BY AGE AND STATE: UNITED STATES, 1982

State	Age						
	Birth-4	5-9	10-14	15-21	22-39	40-62	63+
Tennessee	0.5%	3.1%	5.3%	14.8%	46.3%	25.4%	4.7%
Texas	0.9%	2.8%	6.7%	17.3%	47.9%	20.4%	4.1%
Utah	0.9%	3.7%	5.6%	15.8%	51.6%	20.7%	1.7%
Vermont	0.0%	0.4%	2.9%	11.3%	38.5%	35.3%	11.5%
Virginia	1.0%	1.5%	4.0%	14.8%	47.9%	25.3%	5.4%
Washington	0.2%	1.7%	5.2%	17.2%	55.5%	16.8%	3.4%
West Virginia	0.7%	2.5%	7.7%	20.7%	49.6%	12.3%	*
Wisconsin	1.0%	1.6%	4.3%	15.4%	44.8%	27.9%	4.0%
Wyoming	0.7%	3.2%	4.9%	13.5%	41.8%	26.7%	9.2%
U.S. total	0.9%	2.5%	5.9%	15.5%	47.0%	23.3%	4.9%

* Facilities occurring in that category did not provide age information.

NOTE: 89.1% facilities reporting representing 91.8% of 243,669 residents.

SOURCE: Hauber, F.A., Bruininks, R.H., Hill, B.K., Lakin. K.C., & White, C.C. (1982). *National Census of Residential Facilities: Fiscal Year 1982*. Minneapolis: University of Minnesota, Department of Educational Psychology, (p.52).

TABLE 31

PERCENT OF CHILDREN (UNDER AGE 22) IN RESIDENTIAL FACILITIES FOR MENTALLY RETARDED PEOPLE, BY TYPE OF FACILITY, ACCORDING TO ETHNIC BACKGROUND AND DEGREE OF RETARDATION: UNITED STATES, 1978-1979

Ethnic background and degree of retardation	Facility type: Public residential facilities[1] (n=285)	Facility type: Community residential facilities[2] (n = 381)
White	72%	80%
borderline	9%	26%
moderate	11%	26%
severe	26%	30%
profound	54%	18%
Black	23%	15%
borderline	6%	39%
moderate	14%	21%
severe	30%	14%
profound	50%	26%
Hispanic[3]	4%	4%
borderline	-	33%
moderate	-	20%
severe	36%	40%
profound	64%	7%
American Indian or Alaskan	**	1%
borderline	**	**
moderate	**	**
severe	**	**
profound	**	**
Asian or Pacific Islander	1%	**
borderline	**	**
moderate	**	**
severe	**	**
profound	**	**

---

[1] A State sponsored and administered facility which offers comprehensive programming on a 24-hour, 7 days-a-week basis.

[2] Any community-based living quarter(s) which provides 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons with the exception of: (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally licensed or contracted as mental retardation service providers; (c) independent living (apartment) programs which have staff residing in the same facility.

[3] Most Hispanics were white and were reported as such.

** Less than 1%.

SOURCE Center for Residential and Community Services, University of Minnesota, 1978/79 National Interview Survey of Public and Community Residential Facilities for Mentally Retarded Persons; unpublished data, 1985.

TABLE 32

PERCENT OF PERSONS (UNDER AGE 22) IN RESIDENTIAL FACILITIES FOR MENTALLY RETARDED PEOPLE, BY TYPE OF FACILITY, DEGREE OF RETARDATION, AGE AND SEX: UNITED STATES, 1978-1979

	Type of facility and sex			
	Public residential facility[1] (n = 289)		Community residential facility (n = 383)	
Degree of retardation and age	Male (n = 178)	Female (n = 111)	Male (n = 237)	Female (n = 146)
Borderline/Mild				
All ages, 0-21	10%	5%	25%	35%
0-4 years	—	—	2%	—
5-9 years	11%	—	5%	4%
10-14 years	11%	—	15%	12%
15- 21 years	78%	100%	78%	84%
Moderate				
All ages, 0-21	12%	12%	25%	24%
0-4 years	—	—	—	3%
5-9 years	9%	8%	5%	6%
10-14 years	14%	54%	20%	25%
15-21 years	76%	38%	75%	66%
Severe				
All ages, 0-21	25%	31%	30%	25%
0-4 years	—	—	—	6%
5-9 years	9%	6%	11%	19%
10-14 years	24%	29%	41%	33%
15-21 years	67%	65%	48%	42%
Profound				
All ages, 0-21	53%	53%	21%	15%
0-4 years	2%	5%	8%	4%
5-9 years	14%	9%	14%	32%
10-14 years	15%	25%	36%	23%
15-21 years	69%	61%	42%	41%

---

[1] A state sponsored and administered facility which offered comprehensive programming on a 24-hour, 7 days-a-week basis as of June 30, 1977.

[2] Any community-based living quarter(s) which provides 24-hour, 7 days a week responsibility for room, board, and supervision of mentally retarded persons with the exception of: (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have staff residing in the same facility.

NOTES: Percentage figures may not total 100% as figures are rounded.

SOURCE: Center for Residential and Community Services, University of Minnesota, 1978/79 National Interview Survey of Public and Community Residential Facilities for Mentally Retarded Persons; unpublished data, 1985.

TABLE 33

PERCENT OF CHILDREN (UNDER AGE 22) IN RESIDENTIAL FACILITIES FOR MENTALLY RETARDED PEOPLE, BY TYPE OF FACILITY, DEGREE OF RETARDATION AND TYPE OF OTHER HANDICAPPING CONDITION: UNITED STATES, 1978-1979

Retardation and other handicapping conditions	Type of facility and degree of retardation							
	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities	Public residential facilities	Community residential facilities
	Borderline/mild		Moderate		Severe		Profound	
	(n = 23)	(n = 384)	(n = 34)	(n = 44)	(n = 79)	(n = 108)	(n = 153)	(n = 72)
Autism	4%	–	12%	–	9%	5%	3%	7%
Mental illness	13%	15%	6%	9%	3%	9%	5%	3%
Both autism and mental illness	4%	–	–	1%	1%	–	–	–
Epilepsy[1]	22%	15%	32%	20%	41%	22%	50%	49%
Hearing problem[2]	4%	–	6%	2%	5%	3%	10%	7%
Vision problem[3]	–	–	–	1%	11%	5%	14%	29%
Cerebral Palsy	9%	8%	18%	11%	15%	15%	20%	33%
Health problem	9%	5%	21%	13%	13%	19%	17%	22%
Non-ambulatory	4%	7%	6%	4%	14%	21%	39%	54%

[1] Epilepsy was counted if the person had a seizure within the past year or had a history of epilepsy and takes medications to prevent seizures.

[2] Hearing problem includes persons who are deaf or hear only loud sounds.

[3] Vision problem includes persons who are blind or have only enough vision to walk around but not to read or watch TV.

NOTE: More than one condition may be reported per resident.

SOURCE: Center for Residential and Community Services, University of Minnesota, 1978/1979 National Interview Survey of Public and Community Residential Facilities for Mentally Retarded Persons; unpublished data.

TABLE 34

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE MENTAL (PSYCHIATRIC) HOSPITALS AND IN RESIDENTIAL TREATMENT CENTERS, BY AGE AND SEX: UNITED STATES, 1980

Sex and age	Total	Type of care facility			
		Federal hospitals	State, county, and city hospitals	Private hospitals	Residential treatment centers
Total, ages 0-19 years[1]	31,914	545	13,742	8,292	9,335
Under 5 years	364	*10	181	85	88
5-9 years	2,248	*38	806	592	812
10-14 years	10,353	102	3,399	2,626	4,226
15-19 years	18,949	395	9,356	4,989	4,209
Male					
All ages, 0-19 years	21,405	359	9,156	5,289	6,601
Under 5 years	229	*9	110	61	*49
5-9 years	1,595	*26	523	467	579
10-14 years	7,296	*49	2,277	1,819	3,151
15-19 years	12,285	275	6,246	2,942	2,822
Female					
All ages, 0-19 years	10,509	186	4,586	3,003	2,734
Under 5 years	135	*1	71	*24	*39
5-9 years	653	12	283	125	233
10-14 years	3,057	53	1,122	807	1,075
15-19 years	6,644	120	3,110	2,047	1,387

[1] Any difference in the total population as shown in this table and the next table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

NOTE: Total census figures may differ from those reported on other tables due to variations in the estimation scheme.

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 15.

TABLE 35

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE MENTAL (PSYCHIATRIC) HOSPITALS AND IN RESIDENTIAL TREATMENT CENTERS, BY ETHNIC BACKGROUND AND AGE: UNITED STATES, 1980

Ethnic background and age	Total	Type of care facility			
		Federal hospitals	State, county, and city hospitals	Private hospitals	Residential treatment centers
Total, all children, ages 0-19[1]	32,072	551	13,801	8,409	9,311
White					
Total, ages 0-19	24,103	381	10,325	6,559	6,838
Under 5 years	277	*9	116	68	84
5-9 years	1,653	*30	632	360	600
10-14 years	7,671	61	2,552	1,837	3,221
15-19 years	14,533	281	7,025	4,294	2,933
Black					
Total, ages 0-19	6,247	137	2,817	1,347	1,946
Under 5 years	64	-	*47	*17	-
5-9 years	496	*7	141	169	179
10-14 years	2,128	37	687	605	799
15-19 years	3,559	93	1,942	556	968
Spanish origin[2]					
Total, ages 0-19	1,722	*33	659	503	527
Under 5 years	* 18	-	*12	*6	-
5-9 years	170	-	*49	85	*36
10-14 years	631	*3	184	237	207
15-19 years	903	*30	414	175	284

[1] Any difference in the size of the total population as shown in this table and the previous table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

[2] Persons of Spanish origin may be of any race.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

NOTE: Total census figures may differ from those reported on other tables due to variations in the estimation scheme.

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1982, Table 15.

TABLE 36

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN MENTAL (PSYCHIATRIC) HOSPITALS AND RESIDENTIAL TREATMENT CENTERS, BY STATE, 1980

State	Total	Type of care facility			
		Federal hospitals	State, county, and city hospitals	Private hospitals	Residential treatment centers
Total, U.S.	32,349	1,421	13,752	8,283	8,893
Alabama	229	*6	114	98	*11
Alaska	69	-	*38	-	*31
Arizona	228	-	-	66	162
Arkansas	90	-	*36	54	-
California	3,613	72	1,626	1,139	776
Colorado	888	-	536	63	289
Connecticut	990	-	102	464	424
Delaware	*7	-	-	*7	-
Washington, DC	335	257	66	-	*12
Florida	610	*20	444	100	*46
Georgia	910	*25	548	121	216
Hawaii	98	-	*46	52	-
Idaho	*32	*6	*14	*12	-
Illinois	1,057	-	513	532	403
Indiana	517	*17	435	53	*12
Iowa	455	-	199	141	115
Kansas	566	-	480	74	*12
Kentucky	253	-	100	108	*45
Louisana	1,164	*25	660	120	359
Maine	249	*10	60	*36	143
Maryland	558	-	347	94	117
Massachusetts	911	-	127	402	382
Michigan	1,550	-	492	496	562
Minnesota	1,328	597	58	203	470
Mississippi	308	162	*6	140	-
Missouri	473	-	293	98	82
Montana	*48	-	*31	*10	*7
Nebraska	127	-	102	*25	-
Nevada	51	-	*37	*6	*8
New Hampshire	73	-	*6	*7	60
New Jersey	803	-	296	149	358
New Mexico	36	-	*9	*16	*11
New York	3,236	*11	1,095	1,126	1,004
North Carolina	643	-	477	*15	151
North Dakota	134	*7	97	*30	-
Ohio	1,124	*22	422	396	284
Oklahoma	58	*8	*6	*38	*6
Oregon	332	-	69	168	95

TABLE 36 Continued

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN MENTAL (PSYCHIATRIC) HOSPITALS AND RESIDENTIAL TREATMENT CENTERS, BY STATE, 1980

State	Total	Type of care facility			
		Federal hospitals	State, county, and city hospitals	Private hospitals	Residential treatment centers
Pennsylvania	2,055	*9	847	351	848
Rhode Island	153	-	136	*17	-
South Carolina	235	105	108	*6	*16
South Dakota	63	-	*4	*7	52
Tennessee	860	*6	498	52	304
Texas	1,759	*19	842	486	412
Utah	159	-	106	*47	*6
Vermont	113	-	*18	89	*6
Virginia	859	*18	635	156	50
Washington	476	*11	267	103	95
West Virginia	*43	-	*25	-	*18
Wisconsin	976	-	257	304	415
Wyoming	54	*8	*22	*6	*18

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

NOTE: Total census figures may differ from those reported on other tables due to variations in the estimation scheme.

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, Table 24, 1980.

TABLE 37

NUMBER OF CHILDREN (UNDER AGE 21) AND RATE (PER 100,000) ADMITTED TO STATE AND COUNTY MENTAL HOSPITALS, BY AGE AND ETHNICITY: UNITED STATES, 1980

Age	Total	Ethnicity				
		White, not Hispanic	Black, not Hispanic	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander
Total, under age 21	40,832	28,012	9,514	2,109	740	457
Under 5 years	*	*	*	-	-	-
5-11 years	1,414	908	506	-	-	-
12-17 years	14,863	10,530	2,804	1,142	387	*
18-20 years	23,961	16,457	6,184	967	353	*
			Rate per 100,000 population			
Total, under age 21	28.0	36.5	12.4	2.7	1.0	0.6
Under 5 years	*	*	*	-	-	-
5-11 years	1.0	1.2	0.7	-	-	-
12-17 years	10.5	13.7	3.6	1.5	0.5	*
18-20 years	17.2	21.4	8.0	1.3	0.5	*

* Five or fewer sample cases; estimate not shown because it does not meet statistical standards of reliability.

NOTE: Populations used as denominators for rate computations are from the Current Population Reports of the U.S. Bureau of the Census, Series P-25, No. 929, Table 3, p. 19 (total under age 21).

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology, Survey and Reports Branch; 1980 Sample Survey of Admissions to State and County Mental Hospitals; unpublished data.

TABLE 38

NUMBER OF CHILDREN (UNDER AGE 21) AND RATE (PER 100,000) ADMITTED TO STATE AND COUNTY MENTAL HOSPITALS, BY PRIMARY DIAGNOSIS: UNITED STATES, 1980

Primary diagnosis	Number	Rate per 100,000 population
Total, under age 21	40,382	53.1
Mental retardation	1,549	2.0
Alcohol-related disorders	4,566	5.9
Drug-related disorders	4,464	5.8
Organic disorders	675	0.9
Affective disorders	2,954	3.8
Schizophrenia	10,765	14.0
Other psychoses	498	0.6
Personality disorders	4,964	6.5
Pre-adult disorders	4,796	6.2
Other non-psychotic disorders	3,818	5.0
Other	1,783	2.3

NOTE: Populations used as denominators for rate computations are from the Current Population Reports of the U.S. Bureau of the Census, Series P-25, No. 929, Table 3, p. 19 (total under age 21).

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology, Survey and Reports Branch; 1980 Sample Survey of Admissions to State and County Mental Hospitals; unpublished data.

TABLE 39

NUMBER AND PERCENT OF CHILDREN (UNDER AGE 21) ADMITTED TO STATE AND COUNTY MENTAL HOSPITALS, BY PRINCIPAL SOURCE OF PAYMENT: UNITED STATES, 1980

Principal source of payment	Children admitted	
	Number	Percent
Total, under age 21	40,832	100.0%
No fee payment (program absorbed costs)	16,959	41.5%
Personal resources (direct patient payment)	5,266	12.9%
Medicare (Title XVIII)	729	1.8%
Other health insurance	6,294	15.4%
Medicaid (Title XIX)	7,904	19.4%
Social service funds (Title XX)	561	1.4%
Veterans Administration	*	*
CHAMPUS	*	*
Other	2,635	6.5%

* Five or fewer sample cases; estimate not shown because it does not meet statistical standards of reliability.

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology, Survey and Reports Branch; 1980 Sample Survey of Admissions to State and County Mental Hospitals; unpublished data.

TABLE 40

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE PHYSICALLY HANDICAPPED,[1] BY SEX AND AGE, 1980

	Homes and schools for the:											
	Physically handicapped			Blind			Deaf			Other		
Sex and age	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private
Total[2]	12,455	8,932	3,523	2,280	1,578	702	4,763	3,936	827	5,412	3,418	1,994
Male												
Total, ages 0-19	7,204	5,135	2,069	1,367	945	422	2,664	2,176	488	3,173	2,014	1,159
Under 5 years	198	109	89	-	-	-	*16	*4	*12	182	105	77
5 years	94	*41	53	*6	*6	-	*37	*12	*25	51	*23	*28
6 years	120	86	34	*16	16	-	53	*48	*5	51	*22	* 29
7-9 years	860	526	334	231	145	86	257	175	82	372	206	166
10-14 years	2,282	1,586	696	484	321	163	893	748	145	905	517	388
15-17 years	2,298	1,810	488	436	334	102	959	824	135	903	652	251
18 and 19 years	1,352	977	375	194	123	71	449	365	84	709	489	220
Female												
Total, ages 0-19	5,251	3,797	1,454	913	633	280	2,099	1,760	339	2,239	1,404	835
Under 5 years	125	39	86	*10	-	*10	*6	*6	-	109	*33	76
5 years	95	58	*37	*7	*2	*5	*49	*38	*11	*39	*18	*21
6 years	145	98	47	37	*37	-	*33	*26	*7	75	*35	*40
7-9 years	573	383	190	139	80	59	190	174	*16	244	129	115
10-14 years	1,655	1,201	454	321	230	91	719	564	155	615	407	208
15-17 years	1,745	1,326	419	223	148	75	827	716	111	695	462	233
18 and 19 years	913	692	221	176	136	*40	275	236	*39	462	320	142

---

[1] Homes and schools for the physically handicapped include homes and schools for blind, deaf, and other physically handicapped persons, (e.g., cerebral palsy, muscular dystrophy). They are classified by type of control as public or private.

[2] Any difference in the size of the total population as shown in this table and the next table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 19.

TABLE 41

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE PHYSICALLY HANDICAPPED,[1] BY ETHNIC BACKGROUND AND AGE, 1980

Ethnic background and age	Homes and schools for the: Physically handicapped	Blind	Deaf	Other
Total[2]	12,527	2,307	4,689	5,531
White				
Total, ages 0-19	9,646	1,772	3,907	3,967
Under 5 years	264	-	*17	247
5 years	151	*7	66	78
6 years	217	*28	80	109
7-9 years	997	269	353	375
10-14 years	3,077	601	1,397	1,097
15-17 years	3,108	552	1,441	1,145
18 and 19 years	1,832	345	553	934
Black				
Total, ages 0-19	2,262	467	589	1,206
Under 5 years	*48	*10	-	38
5 years	*32	-	*20	*12
6 years	*48	*25	*6	*17
7-9 years	345	95	73	177
10-14 years	688	189	131	368
15-17 years	744	128	237	379
18 and 19 years	357	*20	122	215
Spanish origin[3]				
Total, ages 0-19	619	68	193	358
Under 5 years	*30	-	-	*30
5 years	*6	-	-	*6
6 years	*18	-	-	*18
7-9 years	92	*22	*20	50
10-14 years	186	*21	65	100
15-17 years	221	*19	80	122
18 and 19 years	66	*6	*28	*32

---

[1] Homes and schools for the physically handicapped include schools for blind, deaf, and other physically handicapped persons (e.g., cerebral palsy, muscular dystrophy). They are classified by type of control as public or private.

[2] Any difference in the size of the total population as shown in this table and the previous table is an artifact of the ratio estimation procedure employed by the U.S. Bureau of the Census.

[3] Persons of Spanish origin may be of any race.

* Figure has low statistical reliability or precision (relative standard error exceeds 30%).

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 19.

TABLE 42

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE PHYSICALLY HANDICAPPED[1], BY STATE, 1980

State	Homes and schools	Type of control	
		Public	Private
Total U.S.[1]	12,355	8,937	3,418
Alabama	576	476	100
Alaska	0	0	0
Arizona	108	108	0
Arkansas	710	547	163
California	619	224	395
Colorado	*9	*9	0
Connecticut	78	0	78
Delaware	*13	0	*13
District of Columbia	*25	*25	0
Florida	659	630	*29
Georgia	143	143	0
Hawaii	*7	0	*7
Idaho	0	0	0
Illinois	766	631	135
Indiana	167	167	0
Iowa	453	335	118
Kansas	106	62	*44
Kentucky	441	414	*27
Louisiana	148	127	*21
Maine	101	101	0
Maryland	337	88	249
Massachusetts	482	334	148
Michigan	297	212	85
Minnesota	72	61	*11
Mississippi	118	118	0
Missouri	486	210	276
Montana	*30	0	*30
Nebraska	*41	*41	0
Nevada	0	0	0
New Hampshire	80	0	80
New Jersey	*7	*7	0
New Mexico	223	223	0
New York	983	808	175
North Carolina	*40	*17	*23
North Dakota	163	95	68
Ohio	221	154	67
Oklahoma	426	391	*35
Oregon	0	0	0
Pennsylvania	891	100	791
Rhode Island	0	0	0
South Carolina	580	537	*43

TABLE 42 Continued

NUMBER OF CHILDREN (UNDER AGE 20) RECEIVING CARE IN PUBLIC AND PRIVATE HOMES AND SCHOOLS FOR THE PHYSICALLY HANDICAPPED[1], BY STATE, 1980

State	Homes and schools	Type of control	
		Public	Private
South Dakota	115	112	*3
Tennessee	*33	*12	*21
Texas	600	556	*44
Utah	60	60	0
Vermont	0	0	0
Virginia	*24	0	*24
Washington	243	225	*18
West Virginia	289	289	0
Wisconsin	363	288	75
Wyoming	*22	0	*22

[1] Homes and schools for the physically handicapped include schools for blind, deaf, and other physically handicapped persons (e.g., cerebral palsy, muscular dystrophy). They are classified by type of control as public or private.

SOURCE: U.S. Bureau of the Census, Census of Persons in Institutions and Other Group Quarters, 1980, Table 28.

TABLE 43

NUMBER OF HANDICAPPED CHILDREN ENROLLED IN HEAD START PROGRAMS, BY STATE[1] (OR GEOGRAPHICAL ENTITY), 1980-1981 AND 1981-1982[2]

State (or geographical entity)	Number of grantee and delegate agencies responding		Total number of children enrolled		Number handicapped[3]		Percent handicapped[3]	
	1980-1981	1981-1982	1980-1981	1981-1982	1980-1981	1981-1982[4]	1980-1981	1981-1982
Alabama	37	38	8,961	10,886	1,056	1,131	11.78	10.39
Alaska	3	3	800	749	79	84	9.88	11.21
Arizona	17	17	2,975	3,448	311	359	10.45	10.41
Arkansas	19	19	5,118	6,449	770	752	15.04	11.57
California	141	132	29,124	40,800	3,004	3,472	10.31	8.51
Colorado	25	25	4,661	5,593	576	665	12.36	11.89
Connecticut	24	24	4,099	4,420	373	452	9.10	10.23
Delaware	5	5	799	884	101	103	12.64	11.65
District of Columbia	7	6	1,857	2,333	139	241	7.49	10.33
Florida	31	32	10,370	12,094	1,237	1,291	11.93	10.67
Georgia	43	38	9,475	10,121	1,237	1,129	13.1	11.16
Hawaii	5	4	1,125	1,189	119	106	10.6	8.92
Idaho	9	9	1,008	1,151	211	267	20.9	23.20
Illinois	70	68	19,026	23,508	2,846	2,438	15.0	10.37
Indiana	35	35	5,470	6,340	704	955	12.87	15.06
Iowa	23	23	2,775	3,354	514	488	18.52	14.55
Kansas	21	21	2,495	2,917	458	395	18.36	13.54
Kentucky	46	45	9,135	10,298	1,199	1,121	13.13	10.89
Louisana	36	36	8,462	9,381	970	1,130	11.46	12.05
Maine	13	13	1,524	1,784	261	299	17.13	16.76
Maryland	28	27	4,506	6,554	556	695	12.34	10.60
Massachusetts	28	29	7,051	8,376	752	1,040	10.67	12.42
Michigan	93	92	17,486	20,658	1,919	2,073	10.97	10.03
Minnesota	26	26	3,825	4,757	503	559	13.15	11.75
Mississippi	24	23	24,497	27,821	2,684	2,923	10.96	10.51
Missouri	22	22	7,706	9,116	1,227	1,255	15.92	13.77
Montana	9	9	942	1,136	139	147	14.76	12.94
Nebraska	14	13	1,521	1,794	286	317	18.80	17.67
Nevada	4	4	415	476	74	86	17.83	18.07
New Hampshire	6	6	645	747	105	108	16.28	14.46
New Jersey	33	32	7,488	9,396	845	804	11.35	8.56
New Mexico	22	22	3,224	3,910	371	462	11.51	11.82
New York	146	152	17,299	21,403	2,190	2,204	12.66	10.30
North Carolina	42	42	9,423	10,713	1,127	1,285	11.96	11.99
North Dakota	5	5	480	542	113	94	23.54	17.34
Ohio	75	77	18,013	21,854	2,121	2,685	11.77	12.29
Oklahoma	27	26	6,559	7,997	993	1,109	15.14	13.87
Oregon	19	18	2,631	2,986	437	478	16.61	16.11
Pennsylvania	63	63	13,382	16,494	2,253	2,505	16.84	15.19

TABLE 43 Continued

NUMBER OF HANDICAPPED CHILDREN ENROLLED IN HEAD START PROGRAMS, BY STATE[1] (OR GEOGRAPHICAL ENTITY), 1980-1981 AND 1981-1982[2]

State (or geographical entity)	Number of grantee and delegate agencies responding		Total number of children enrolled		Number handicapped[3]		Percent handicapped[3]	
	1980-1981	1981-1982	1980-1981	1981-1982	1980-1981	1981-1982[4]	1980-1981	1981-1982
Rhode Island	8	8	1,199	1,441	164	169	13.68	11.73
South Carolina	20	19	5,696	6,136	664	668	11.66	10.89
South Dakota	7	7	810	947	119	148	14.69	15.63
Tennessee	25	24	7,920	8,926	1,121	1,266	14.15	14.18
Texas	91	94	18,349	21,968	1,858	2,043	10.13	9.30
Utah	10	10	1,581	1,776	197	186	12.46	10.47
Vermont	6	6	744	775	89	113	11.96	14.58
Virginia	31	30	4,267	4,766	625	687	14.65	14.41
Washington	26	26	3,827	3,964	535	604	16.28	15.24
West Virginia	24	24	3,585	3,979	543	648	15.15	16.29
Wisconsin	34	35	5,385	6,133	630	796	11.70	12.98
Wyoming	5	5	509	607	75	86	14.73	14.17
American Samoa	0	1	0	1,848	0	22	0.00	1.19
Guam	1	1	331	351	55	28	16.62	7.98
Puerto Rico	28	28	13,499	14,856	1,495	1,370	11.07	9.22
Trust Territories of the Pacific Islands	6	6	1,743	1,853	166	252	9.52	13.60
Virgin Islands	1	1	872	1,023	25	44	2.87	4.30
State subtotal	1,619	1,606	346,089	415,810	42,861	46,837	12.38	11.26
Indian programs	93	93	12,349	13,795	1,286	1,520	10.41	11.02
Migrant programs	54	68	11,661	15,942	1,283	1,634	11.00	10.25
Total	1,766	1,767	370,099	445,547	45,430	49,991	12.28	11.22

[1] State data excludes migrant programs.

[2] These enrollment data reflect total actual enrollment, including dropouts, late enrollees as obtained from the Project Head Start 1981-82 Annual Program Information Report (PIR).

[3] Professionally diagnosed January-March of each year.

[4] The data of the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1982 or the end of the operating year, rather than by the end of March as in the prior year.

SOURCE: Association of State and Territorial Health Officials Foundation, *Public Health Agencies*, Services for Mothers and Children (Vol. 3), June 1984.

TABLE 44

NUMBER AND PERCENT OF CHILDREN IN FULL YEAR HEAD START PROGRAMS PROFESSIONALLY DIAGNOSED AS HANDICAPPED, BY TYPE OF HANDICAPPING CONDITION, 1980-1981 AND 1981-1982

	Number and percent of children professionally diagnosed as handicapped			
	Number		Percent	
Handicapping condition	1980-81	1981-82	1980-81	1981-82
Speech impairment	26,808	29,985	59.0%	60.0%
Health impairment	5,331	5,344	11.7%	10.7%
Serious emotional disturbance	2,739	3,183	6.0%	6.4%
Physical handicap	2,730	2,943	6.0%	5.9%
Mental retardation	2,649	2,923	5.8%	5.9%
Specific learning disability	2,113	2,356	4.7%	4.7%
Hearing impairment	1,547	1,663	3.4%	3.3%
Visual impairment	1,246	1,310	2.8%	2.6%
Deafness	145	160	0.3%	0.3%
Blindness	122	124	0.3%	0.2%
Total	45,430	49,991	100.0%	100.0%

SOURCE: Association of State and Territorial Health Officials Foundation, *Public Health Agencies,* Services for Mothers and Children (Vol 3), June 1984.

TABLE 45

PERCENT OF CHILDREN IN FULL YEAR HEAD START PROGRAMS PROFESSIONALLY DIAGNOSED AS PHYSICALLY HANDICAPPED (ORTHOPEDICALLY HANDICAPPED), BY TYPE OF HANDICAPPING CONDITION, 1980-1981 AND 1981-1982

Handicapping conditions	Percentage of total 1980-81	 1981-82
Number	2,730	2,923
Cerebral palsy	26.3%	28.4%
Congenital anomalies	15.9%	15.7%
Deformed limb	14.7%	14.3%
Bone defect	9.6%	10.7%
Spina bifida	5.7%	7.4%
Oro/facial malformation	3.8%	3.1%
Absence of limb	3.3%	2.4%
Severe scoliosis	1.7%	1.9%
Arthritis	1.6%	1.3%
Other	17.4%	14.8%
Total	100.0%	100.0%

SOURCE: Association of State and Territorial Health Officials Foundation, *Public Health Agencies,* Services for Mothers and Children (Vol 3), June 1984.

TABLE 46

NUMBER AND PERCENT OF CHILDREN (AGES 3-21) SERVED ANNUALLY IN EDUCATIONAL PROGRAMS FOR THE HANDICAPPED, AND PERCENTAGE OF TOTAL PUBLIC SCHOOL ENROLLMENT, BY TYPE OF HANDICAPPING CONDITION, UNITED STATES, 1982-1983 AND 1983-1984 SCHOOL YEARS

		School Year	
Children served and enrolled, by type of handicap		1982-83	1983-84
All conditions	Number served	4,294,815	4,338,783
	Percent of all served	100.00	100.00
	Percent of total enrollment	10.76	10.89
Learning disabled	Number served	1,745,120	1,810,579
	Percent of all served	40.63	41.73
	Percent of total enrollment	4.40	4.57
Speech impaired	Number served	1,133,659	1,130,298
	Percent of all served	26.39	26.05
	Percent of total enrollment	2.86	2.86
Mentally retarded	Number served	778,188	749,205
	Percent of all served	18.11	17.26
	Percent of total enrollment	1.92	1.84
Emotionally disturbed	Number served	353,333	362,003
	Percent of all served	8.22	8.34
	Percent of total enrollment	0.89	0.91
Hard of hearing and deaf	Number served	75,063	74,201
	Percent of all served	1.74	1.71
	Percent of total enrollment	0.18	0.18
Orthopedically impaired	Number served	57,474	56,170
	Percent of all served	13.38	1.29
	Percent of total enrollment	0.14	0.14
Other health impaired	Number served	52,012	54,616
	Percent of all served	1.21	1.78
	Percent of total enrollment	0.13	0.13

TABLE 46 Continued

NUMBER AND PERCENT OF CHILDREN (AGES 3-21) SERVED ANNUALLY IN EDUCATIONAL PROGRAMS FOR THE HANDICAPPED, AND PERCENTAGE OF TOTAL PUBLIC SCHOOL ENROLLMENT, BY TYPE OF HANDICAPPING CONDITION, UNITED STATES, 1982-1983 AND 1983-1984 SCHOOL YEARS

		School Year	
Children served and enrolled, by type of handicap		1982-83	1983-84
Visually handicapped	Number served	31,049	31,554
	Percent of all served	0.72	7.27
	Percent of total enrollment	0.07	0.07
Multi-handicapped	Number served	65,123	67,365
	Percent of all served	1.51	1.55
	Percent of total enrollment	0.07	0.07
Deaf-blind	Number served	2,525	2,492
	Percent of all served	0.05	0.05
	Percent of total enrollment	0.01	0.01

NOTE: Includes children (ages 3-21) served under P.L. 94-142 and children (ages 0-20) served under P.L. 89-113. Precentages of total enrollment are based on the total annual enrollment of U.S. public schools, preprimary through 12th grade. Details may not add to totals because of rounding.

SOURCE: U.S. Department of Education, Office of Special Education and Rehabilitative Services, Sixth and Seventh Annual Reports to Congress on the Implementation of Public Law 94-142, (1984 and 1985); and unpublished tabulations.

TABLE 47

CENSUS OF LEGALLY BLIND STUDENTS AT LESS THAN COLLEGE LEVEL, BY TYPE OF SCHOOL, GRADE, AND READING MEDIUM, JANUARY 1983

Type of school and grade	Reading medium[1]					
	Braille	Large type	Both	Neither	Totals	Grand totals
Kindergarten						
Schools for blind	69	73	4	124	270	
State Depts. of Educ.	188	405	48	364	1,005	1,275
Grade I						
Schools for blind	64	57	7	33	161	
State Depts. of Educ.	160	512	35	214	921	1,082
Grade II						
Schools for blind	40	37	10	36	123	
State Depts. of Educ.	163	529	32	201	925	1,048
Grade III						
Schools for blind	53	49	8	26	136	
State Depts. of Educ.	130	575	25	158	888	1,024
Grade IV						
Schools for blind	50	51	9	23	133	
State Depts. of Educ.	137	604	25	142	908	1,041
Grade V						
Schools for blind	68	63	11	24	166	
State Depts. of Educ.	128	621	39	162	950	1,116
Grade VI						
Schools for blind	47	68	11	32	158	
State Depts. of Educ.	139	635	38	185	997	1,155
Grade VII						
Schools for blind	71	77	8	36	192	
State Depts. of Educ.	154	621	34	175	984	1,176
Grade VIII						
Schools for blind	81	83	10	45	219	
State Depts. of Educ.	133	633	27	191	984	1,203
Grade IX						
Schools for blind	105	98	18	44	265	
State Depts. of Educ.	148	615	33	169	965	1,230
Grade X						
Schools for blind	97	111	12	64	284	
State Depts. of Educ.	158	578	26	166	928	1,212

TABLE 47 Continued

CENSUS OF LEGALLY BLIND STUDENTS AT LESS THAN COLLEGE LEVEL, BY TYPE OF SCHOOL, GRADE, AND READING MEDIUM, JANUARY 1983

	Reading medium[1]					
Type of school and grade	Braille	Large type	Both	Neither	Totals	Grand totals
Grade XI						
Schools for blind	115	98	13	51	277	
State Depts. of Educ.	135	547	28	172	882	1,159
Grade XII						
Schools for blind	102	111	30	47	290	
State Depts. of Educ.	148	496	31	194	869	1,159
Ungraded						
Schools for blind	735	752	60	2,527	4,074	
State Depts. of Educ.	1,082	2,755	326	11,084	15,247	19,321
Post-graduate						
Schools for blind	407	9	6	342	764	
State Depts. of Educ.	37	29	1	36	103	867
Adult trainees						
Schools for blind	487	555	156	649	1,847	
State Depts. of Educ.	298	243	60	1,184	1,785	3,632
Deaf-blind						
Schools for blind	150	258	11	426	845	
State Depts. of Educ.	169	207	19	849	1,244	2,089
Cerebral palsy						
Schools for blind	11	9	1	58	79	
State Depts. of Educ.	10	84	3	180	277	356
Totals						
Schools for blind	2,752	2,559	385	4,587	10,283	
State Depts. of Educ.	3,517	10,689	830	15,826	30,862	41,145
	6,269	13,248	1,215	20,413	41,145	
Schools for the blind	8,436					
Adult trainees	3,632					
State Depts. of Educ.	29,077					

[1] Explanation of reading mediums:

Braille — includes Braille readers only.
Large type — includes large type and regular print readers.
Both — includes Braille and large type readers.
Neither — includes readers of regular print or recorded materials, and non-readers.

SOURCE: American Printing House for the Blind, Registration of Blind Pupils, 116th Annual Report, June 30, 1984.

TABLE 48

NUMBER OF HEARING IMPAIRED STUDENTS RECEIVING SPECIAL EDUCATION CLASSROOM INSTRUCTION, BY AGE AND SEVERITY OF HEARING LOSS, 1983-1984 SCHOOL YEAR

Age	Severity[1]						
	Normal limits: less than 27 Db	Mild: 27 - 40 Db	Moderate: 41 - 55 Db	Moderately severe: 56 - 70 Db	Severe: 71 - 90 Db	Profound: 91 Db or more	Blank, no estimate
Total, under 21 years	2,373	2,793	3,924	5,821	10,026	21,618	1,148
Under 6 years	135	237	557	887	1,404	2,633	271
6-9 years	597	720	997	1,288	1,773	3,968	202
10-12 years	650	670	765	987	1,449	3,437	159
13-17 years	833	911	1,221	1,854	3,144	6,911	344
18-20 years	158	255	384	805	2,256	4,669	172

[1] In decibels (Db).

SOURCE: Gallaudet College, Annual Survey of Hearing Impaired Children and Youth, 1985; unpublished data.

TABLE 49

NUMBER OF HEARING IMPAIRED STUDENTS RECEIVING SPECIAL EDUCATION CLASSROOM INSTRUCTION, BY SEVERITY AND CAUSE OF HEARING LOSS, 1983-1984 SCHOOL YEAR[1]

Cause of hearing loss:

Onset at birth

Severity[2]	Maternal rubella	Trauma at birth	Heredity	Prematurity	Rh incompatibility	Other complications at pregnancy
Normal limits (less than 27 Db)	38	52	140	51	20	62
Mild (27-40 Db)	83	72	319	80	17	99
Moderate (41-55 Db)	151	121	484	174	41	131
Moderately severe (56-70 Db)	486	187	716	357	87	250
Severe (71-90 Db)	1,990	294	1,122	588	184	333
Profound (91 or more Db)	4,368	408	2,846	746	261	644

Onset after birth

Severity[2]	Meningitis	High fever	Mumps	Infection	Measles	Otitis media	Trauma	Other[3]
Normal	62	55	8	216	3	465	45	241
Mild	80	63	4	142	7	355	32	239
Moderate	177	105	9	145	22	205	25	356
Moderately severe	332	186	4	155	39	132	39	472
Severe	651	339	13	190	82	102	70	691
Profound	2,384	727	37	323	167	128	127	1,607

[1] 46,222 valid cases, 1,481 missing cases.

[2] In decibels (Db).

[3] Includes all other causes at birth and after birth.

SOURCE: Gallaudet College, Annual Survey of Hearing Impaired Students Enrolled in Special Education, 1985; unpublished data.

TABLE 50

NUMBER OF HEARING IMPAIRED STUDENTS, BY SEVERITY OF HEARING LOSS AND BY ETHNIC BACKGROUND, 1983-1984 SCHOOL YEAR

	Severity[1]					
Ethnic background	Normal limits: less than 27 Db	Mild: 27 - 40 Db	Moderate: 41 - 55 Db	Moderately severe: 56 - 70 Db	Severe: 71 - 90 Db	Profound: 91 Db or more
White	1,691	1,845	2,650	3,760	6,483	14,250
Black	387	513	689	1,071	1,948	3,954
Spanish American	188	267	400	704	1,170	2,505
American Indian	22	33	21	37	46	128
Asian/Pacific American	49	95	115	159	225	408
Other	11	22	35	65	107	237
Cannot report	6	14	9	25	19	23
Unknown	5	6	5	3	26	73

[1] In decibels (Db).

SOURCE: Gallaudet College, Annual Survey of Hearing Impaired Children and Youth, 1985; unpublished data.

TABLE 51

NUMBER OF HEARING IMPAIRED STUDENTS, BY SEVERITY OF HEARING LOSS AND TYPE OF OTHER HANDICAPPING CONDITION, 1983-1984 SCHOOL YEAR

	Severity[1]					
Other handicapping condition	Normal limits: less than 27 Db	Mild: 27 - 40 Db	Moderate: 41 - 55 Db	Moderately severe: 56 - 70 Db	Severe: 71 - 90 Db	Profound: 91 Db or more
Legal blindness	42	63	67	94	209	438
Uncorrected visual problem	69	77	126	190	374	882
Brain damage	72	77	70	95	201	427
Epilepsy	35	71	48	79	118	274
Orthopedic (other than cerebral palsy)	52	77	125	165	225	553
Cerebral palsy	44	78	89	189	321	646
Heart disorder	32	49	71	98	197	456
Other physical health impairment	100	103	180	216	312	664
Mental retardation	344	430	461	501	689	1,415
Emotional-behavioral	140	118	185	250	558	1,220
Learning disability	499	422	451	525	700	1,380

[1] In decibels (Db).

SOURCE: Gallaudet College, Annual Survey of Hearing Impaired Children and Youth, 1985; unpublished data.

TABLE 52

NUMBER OF STUDENTS ENROLLED IN PUBLIC SCHOOLS AND IN SPECIAL EDUCATION PROGRAMS, BY TYPE OF HANDICAPPING CONDITION: UNITED STATES, FALL 1980

		Students receiving special education							
			Handicapping condition						
Racial/ethnic classification of students	Total public school enrollment	Total	Total	Learning disabled	Hearing, sight, speech impaired	Educable mentally retarded	Trainable mentally retarded	Seriously emotionally disturbed	Other
Total number (in thousands)	39,833	3,222	2,999	1,261	904	556	95	183	223
White, not of Hispanic origin	29,180	*	2,113	934	688	309	59	123	*
Minority	10,652	*	886	327	216	247	36	60	*
Black, not of Hispanic origin	6,418	*	625	201	137	215	26	46	*
Hispanic	3,179	*	207	102	60	25	7	12	*
American Indian or Alaskan Native	306	*	26	12	6	5	1	1	*
Asian or Pacific Islander	749	*	28	11	14	2	1	1	*
Total percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White, not of Hispanic origin	73.3%	*	70.5%	74.1%	76.1%	55.5%	62.6%	*	*
Minority	26.7%	*	29.5%	25.9%	23.9%	44.5%	37.5%	32.9%	*
Black, not of Hispanic origin	16.1%	*	20.8%	16.0%	15.1%	38.7%	27.6%	25.2%	*
Hispanic	8.0%	*	6.9%	8.1%	6.6%	4.5%	7.8%	6.5%	*
American Indian or Alaskan Native	0.8%	*	0.9%	1.0%	0.7%	0.9%	0.9%	0.8%	*
Asian or Pacific Islander	1.9%	*	0.9%	0.8%	1.5%	0.4%	1.2%	0.4%	*

* Not available.

SOURCE: U.S. Department of Education, Office for Civil Rights, 1980 Elementary and Secondary Schools Civil Rights Survey, National Summaries.

TABLE 53

NUMBER OF CHILDREN SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L. 94-142) AND AID TO STATES FOR HANDICAPPED CHILDREN (P.L. 89-313), BY TYPE OF HANDICAPPING CONDITION, 1981-1982 AND 1983-1984 SCHOOL YEARS

Handicapping condition	Total handicapped children served		Education for All Handicapped Children[1]								Aid to States[2]	
			Total children		Children 3-5 years		Children 6-17 years		Children 18-21 years		Total children	
	1981-82	1983-84	1981-82	1983-84	1981-82	1983-84	1981-82	1983-84	1981-82	1983-84	1981-82	1983-84
Total	4,202,831	4,341,399	3,961,711	4,094,108	226,535	243,087	3,584,314	3,664,628	150,862	186,393	241,120	247,291
Specific learning disabled	1,624,989	1,811,489	1,606,199	1,788,866	20,272	19,204	1,536,190	1,699,070	49,737	70,592	18,790	22,623
Speech impaired	1,136,309	1,130,569	1,122,676	1,114,689	159,406	168,176	957,283	941,847	5,742	4,666	13,633	15,880
Mentally retarded	786,775	750,234	683,771	653,082	16,968	19,052	598,599	557,909	68,204	76,121	103,004	97,452
Seriously emotionally disturbed	339,629	362,073	301,231	320,599	5,562	5,860	283,805	299,536	11,864	15,203	38,398	41,474
Othopedically impaired	57,967	56,209	46,584	45,199	6,297	7,031	36,976	34,941	3,491	3,223	11,383	11,010
Deaf and hard of hearing	74,694	74,279	48,711	48,659	5,162	5,374	41,118	38,304	2,431	4,981	25,983	25,620
Visually handicapped	29,174	31,576	19,146	21,246	1,562	1,736	16,649	17,021	935	2,489	10,028	10,330
Deaf and blind	2,486	2,512	1,286	1,447	181	139	1,027	1,150	78	158	1,200	1,065
Multi-handicapped	71,289	67,537	56,568	50,706	7,957	12,500	44,195	33,083	4,416	5,123	14,721	16,831
Other health impaired	79,519	54,261	75,539	49,615	3,168	4,015	68,407	41,767	3,964	3,833	3,890	5,006

[1] P.L. 94-142; provides assistance to State education agencies for services to handicapped children in public schools.

[2] P.L. 89-313; provides assistance to State-operated schools including public institutions.

SOURCE: U.S. Department of Education, Office of Special Education and Rehabilitative Services; statistics reported by State agencies under P.L. 94-142 and P.L. 89-313; published in *Fifth and Seventh Annual Reports to Congress on the Implementation of Public Law 94-142.*

TABLE 54

NUMBER AND PERCENT OF SPECIAL NEEDS CHILDREN ENROLLED IN PUBLIC SCHOOLS, BY TYPE OF HANDICAPPING CONDITION AND TYPE OF LIVING ARRANGEMENT: UNITED STATES, 1980[1]

	Handicapping condition											
	Mentally retarded		Emotionally disturbed		Learning disabled		Hearing, sight, or speech impaired		Other		Total	
Living arrangement	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Independent living	792	4.0%	798	4.0%	535	7.7%	241	5.4%	319	4.2%	2,685	4.6%
Foster home	11,515	58.5%	7,953	39.4%	4,619	66.5%	3,207	71.4%	5,001	66.7%	32,295	54.9%
Group home	1,816	9.2%	2,428	12.0%	621	8.9%	618	13.8%	675	9.0%	6,158	10.5%
Residential treatment	3,972	20.2%	6,804	33.8%	645	9.3%	253	5.6%	1,011	13.5%	12,685	21.6%
Child-care institution	1,086	5.5%	1,207	6.0%	367	5.3%	137	3.0%	293	3.9%	3,090	5.3%
Secure facility	483	2.5%	969	4.8%	160	2.3%	35	0.8%	198	2.7%	1,845	3.1%
Total	19,664	100.0%	20,159	100.0%	6,947	100.0%	4,491	100.0%	7,497	100.0%	58,758	100.0%

[1] Includes only children served by public welfare agencies responsible for youth referral and out-of-home placements and funded by the U.S. Department of Health and Human Services.

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: U.S Department of Health and Human Services, Office for Civil Rights, 1980 Children and Youth Referral Survey, National Summary.

TABLE 55

NUMBER OF CHILDREN (AGES 3-21) SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L. 94-142) AND CHILDREN (AGES 0-20) UNDER THE AID TO STATES FOR HANDICAPPED CHILDREN (P.L. 89-313), BY HANDICAPPING CONDITION AND STATE, 1983-1984 SCHOOL YEAR

State (or geographical area)	Handicapping condition										
	All conditions	Learning disabled	Speech impaired	Mentally retarded	Emotionally disturbed	Hard of hearing and deaf	Multihandicapped	Orthopedically impaired	Other health impaired	Visually handicapped	Deaf-blind
Alabama	84,428	24,201	17,268	34,403	4,947	1,115	1,021	405	575	442	51
Alaska	11,110	6,413	2,957	655	299	182	226	222	84	49	23
Arizona	51,679	25,872	11,044	5,748	5,330	1,060	928	559	746	392	0
Arkansas	48,723	20,593	10,202	15,122	630	655	650	331	256	270	14
California	363,613	201,585	90,178	28,447	8,995	7,178	4,706	7,175	12,845	2,278	226
Colorado	45,634	20,210	7,821	5,548	7,970	993	1,784	922	0	308	78
Connecticut	65,426	30,003	13,036	5,724	13,176	971	585	344	888	699	0
Delaware	15,018	7,115	1,894	1,924	3,157	319	92	259	85	140	33
District of Columbia	7,009	2,937	1,633	1,307	727	75	90	39	110	59	32
Florida	158,653	58,351	48,308	27,445	17,984	2,003	0	1,998	1,718	771	75
Georgia	109,038	35,071	25,801	26,680	17,902	1,678	109	864	352	558	23
Hawaii	12,738	7,812	2,284	1,375	437	300	147	289	3	75	16
Idaho	17,953	8,488	4,419	2,952	541	441	298	281	368	164	1
Illinois	257,426	96,218	75,735	42,985	30,510	4,163	0	4,407	1,885	1,418	105
Indiana	102,996	30,095	41,426	24,010	3,146	1,336	1,367	821	222	562	11
Iowa	56,534	21,271	14,506	12,236	5,395	993	719	936	200	207	71
Kansas	42,907	16,456	13,201	6,443	4,111	717	759	561	371	278	10
Kentucky	74,492	21,454	25,160	20,934	2,437	1,297	1,425	817	427	494	47
Louisana	85,732	40,536	21,395	13,643	4,131	1,569	1,299	778	1,774	580	27
Maine	27,069	9,465	6,447	4,894	4,125	431	771	421	358	140	17
Maryland	90,668	47,086	24,675	7,651	4,104	1,487	3,455	880	672	606	52
Massachusetts	139,338	50,245	32,043	29,742	19,188	1,909	1,267	1,479	2,015	868	582
Michigan	158,293	58,907	43,160	26,036	21,280	3,216	188	4,429	178	899	0
Minnesota	78,916	35,641	19,068	13,296	6,743	1,664	0	1,281	779	418	26
Mississippi	51,688	18,407	17,616	13,772	422	575	258	374	4	220	40
Missouri	99,141	37,061	31,919	18,927	7,363	1,000	638	807	857	457	112
Montana	15,480	7,425	4,753	1,429	775	250	396	107	141	183	21
Nebraska	30,375	12,074	8,796	5,541	2,247	577	389	561	0	182	8
Nevada	13,557	7,173	3,138	1,014	873	229	382	284	403	59	2
New Hampshire	15,233	8,861	2,685	1,326	1,240	358	213	157	264	121	8
New Jersey	165,622	65,606	60,170	11,287	15,076	1,814	8,483	917	904	1,338	27
New Mexico	27,125	12,064	7,745	2,553	2,510	458	1,209	353	81	146	6
New York	280,857	133,536	39,877	35,445	45,197	5,211	7,944	3,702	7,959	1,861	125
North Carolina	121,755	52,013	26,780	29,617	6,420	2,201	1,796	911	1,281	694	42
North Dakota	11,569	4,780	3,903	1,930	368	227	23	220	35	81	2
Ohio	201,150	72,476	56,196	55,647	6,496	2,644	3,249	3,451	0	965	26
Oklahoma	65,401	28,393	20,351	12,258	1,154	834	1,407	418	242	300	44
Oregon	46,872	24,506	11,493	4,556	2,603	1,355	147	899	574	680	59
Pennsylvania	196,442	67,092	60,619	44,850	16,322	3,955	0	2,033	0	1,563	8

TABLE 55 Continued

NUMBER OF CHILDREN (AGES 3-21) SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L. 94-142) AND CHILDREN (AGES 0-20) UNDER THE AID TO STATES FOR HANDICAPPED CHILDREN (P.L. 89-313), BY HANDICAPPING CONDITION AND STATE, 1983-1984 SCHOOL YEAR

State (or geographical area)	Handicapping condition										
	All conditions	Learning disabled	Speech impaired	Mentally retarded	Emotion-ally disturbed	Hard of hearing and deaf	Multi-handicapped	Ortho pedically impaired	Other health impaired	Visually handicapped	Deaf-blind
Puerto Rico	35,153	2,055	1,406	21,375	859	2,082	2,014	563	1,970	2,767	62
Rhode Island	18,354	11,883	3,113	1,446	1,191	227	22	235	154	69	14
South Carolina	72,452	22,462	19,957	21,171	5,845	1,199	365	723	211	511	8
South Dakota	11,870	4,006	4,858	1,582	377	249	408	227	63	85	15
Tennessee	103,867	43,373	31,427	18,889	3,088	2,035	1,754	1,118	1,444	714	25
Texas	295,637	155,707	68,752	29,417	18,247	5,213	5,012	3,979	7,031	2,126	153
Utah	41,444	13,761	9,054	3,145	11,878	849	1,536	306	230	359	26
Vermont	9,880	3,289	2,564	2,549	352	259	182	89	191	398	7
Virginia	102,556	40,113	30,903	15,618	7,024	1,476	4,124	640	850	1,789	19
Washington	66,855	33,319	14,170	9,121	3,686	1,398	1,893	1,147	1,671	391	59
West Virginia	42,796	15,730	12,763	10,600	1,685	462	587	381	273	300	15
Wisconsin	73,823	29,462	16,921	13,360	10,286	1,134	771	826	596	435	32
Wyoming	11,511	5,422	3,434	961	943	141	101	185	255	62	7
American Samoa	428	0	7	354	2	19	21	15	2	2	6
Guam	2,065	610	264	897	59	59	126	24	3	18	5
Northern Marianas	0	0	0	0	0	0	0	0	0	0	0
Trust Territories	0	0	0	0	0	0	0	0	0	0	0
Virgin Islands	123	0	0	78	9	0	25	0	0	2	9
Bureau of Indian Affairs	5,225	2,805	1,274	619	211	37	176	59	21	23	0
U.S. and Territories	4,341,399	1,811,489	1,130,569	750,534	362,073	74,279	67,537	56,209	54,621	31,576	2,512

SOURCE: U.S. Department of Special Education, Office of Special Education and Rehabilitative Services, statistics reported by State agencies under P.L. 94-142; published in *Seventh Report to Congress on the Implementation of Public Law 94-142.*

TABLE 56

PERCENT OF STUDENTS (AGES 12-16) IDENTIFIED AS HAVING LIMITING CONDITION(S), BY TYPE OF LIMITATION AND STUDENT/FAMILY CHARACTERISTICS, 1981

Student/family characteristics	Number of students	Percent of students said to have a physical, emotional, or mental condition that:			
		Limits ability to do regular school work at grade level	Limits ability to take part in sports or games	Limits both school work and sports activities	Limits either school work or sports activities
All students	1,158	12.7%	6.2%	3.4%	15.5%
Sex of student					
Male	601	13.5%	6.9%	3.2%	17.2%
Female	557	11.8%	5.4%	3.6%	13.6%
Ethnic group of student					
Black	152	14.6%	7.6%	4.0%	18.2%
Non-minority	947	11.5%	5.8%	3.2%	14.1%
Parent education level					
Less than high school	209	23.6%	8.7%	7.0%	25.3%
High school graduate	411	15.4%	7.0%	3.9%	18.5%
Some college	294	8.6%	4.3%	1.9%	11.0%
College graduate or more	238	3.9%	4.1%	1.3%	6.7%
Family income					
Less than $10,000	228	21.9%	7.9%	5.9%	23.9%
$10,000 - 19,999	300	12.9%	6.3%	3.8%	15.4%
$20,000 - 34,999	471	9.2%	5.1%	2.1%	12.2%
$35,000 or more	132	8.0%	5.1%	2.2%	10.9%

SOURCE: Child Trends, Inc., data from the 1981 National Survey of Children.

TABLE 57

PERCENT OF CHILDREN SERVED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L.94-142) AND AID TO STATES FOR HANDICAPPED CHILDREN (P.L.89-313), BY TYPE OF EDUCATIONAL ENVIRONMENT AND TYPE OF HANDICAPPING CONDITION, 1980-1981 AND 1982-1983 SCHOOL YEARS

Handicapping condition	Total children served	Educational environment and school year							
		Regular classes		Separate classes		Separate schools		Other environments	
		1980-1981	1982-1983	1980-1981	1982-1983	1980-1981	1982-1983	1980-1981	1982-1983
U.S. Total	100.0%	67.8%	67.6%	25.0%	25.5%	5.8%	5.9%	1.4%	1.1%
Specific learning disabled	100.0%	80.3%	78.2%	18.1%	20.4%	1.4%	1.2%	0.2%	0.2%
Speech impaired	100.0%	94.5%	93.2%	4.0%	5.3%	1.2%	1.0%	0.3%	0.6%
Mentally retarded	100.0%	30.2%	29.0%	57.0%	57.4%	12.2%	13.1%	0.6%	0.6%
Seriously emotionally disturbed	100.0%	40.0%	42.7%	41.5%	38.5%	15.6%	16.2%	2.9%	2.6%
Orthopedically impaired	100.0%	30.1%	34.6%	37.6%	39.0%	15.8%	17.1%	16.5%	9.4%
Deaf and hard of hearing	100.0%	37.6%	36.5%	37.8%	38.1%	23.5%	24.6%	1.1%	0.9%
Visually handicapped	100.0%	57.6%	56.6%	24.0%	17.1%	16.6%	25.0%	1.8%	1.3%
Deaf and blind	100.0%	10.4%	9.0%	38.4%	34.6%	42.3%	54.1%	8.9%	2.3%
Multi-handicapped	100.0%	31.2%	16.0%	40.2%	45.5%	23.2%	31.5%	5.4%	6.9%
Other health impaired	100.0%	37.4%	47.3%	36.1%	20.3%	7.9%	9.9%	18.6%	22.5%

NOTE: Rounding may have resulted in percent figures totalling more or less than 100%.

SOURCE: U.S. Department of Education, Office of Special Education and Rehabilitative Services, statistics reported by State agencies under P.L.94-142; published in *Fifth and Seventh Reports to Congress on the Implementation of Public Law 94-142.*

TABLE 58

NUMBER AND PERCENT OF CHILDREN WITH HANDICAPPING CONDITIONS (AGES 3-21) SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS, BY STATE, 1982-1983 SCHOOL YEAR

	All handicapping conditions							
	Number[1]				Percent			
State	Regular classes	Separate classes	Separate school	Other environments	Regular classes	Separate classes	Separate school	Other environments
Alabama	55,355	24,358	82	674	68.79	30.27	0.10	0.84
Alaska	10,103	1,907	209	10	82.62	15.59	1.71	0.08
Arizona	38,326	10,971	1,677	675	74.20	21.24	3.25	1.31
Arkansas	40,099	5,018	3,709	145	81.88	10.25	7.57	0.30
California	248,753	108,467	3,827	-	68.90	30.04	1.06	-
Colorado	32,570	9,488	2,205	129	73.37	21.37	4.97	0.29
Connecticut	48,030	15,022	2,325	633	72.76	22.76	3.52	0.96
Delaware	4,873	5,915	2,669	16	36.17	43.90	19.81	0.12
District of Columbia	3,759	1,577	1,398	24	55.62	23.34	20.69	0.36
Florida	103,626	37,734	10,220	3,104	66.99	24.39	6.61	2.01
Georgia	87,537	21,030	2,879	769	78.01	18.74	2.57	0.69
Hawaii	2,415	10,087	307	0	18.85	78.75	2.40	0.00
Idaho	11,351	5,179	575	571	64.22	29.30	3.25	3.23
Illinois	150,691	84,017	25,909	1,152	57.57	32.10	9.90	0.44
Indiana	67,396	26,450	5,313	164	67.86	26.63	5.35	0.17
Iowa	35,242	16,894	780	3,454	62.52	29.97	1.38	6.13
Kansas	30,785	10,142	2,401	704	69.92	23.03	5.45	1.60
Kentucky	53,435	15,038	4,008	674	73.04	20.56	5.48	0.92
Louisiana	52,157	24,469	7,503	1,880	60.64	28.45	8.72	2.19
Maine	22,774	1,717	1,088	761	86.46	6.52	4.13	2.89
Maryland	57,990	20,153	12,249	487	63.81	22.18	13.48	0.54
Massachusetts	99,631	25,178	5,644	1,384	75.57	19.10	4.28	1.05
Michigan	95,679	55,507	2,928	1,239	61.59	35.73	1.88	0.80
Minnesota	60,457	12,215	4,655	331	77.85	15.73	5.99	0.43
Mississippi	39,870	9,037	617	192	80.20	18.18	1.24	0.39
Missouri	84,150	20,429	3,668	3,336	75.41	18.31	3.29	2.99
Montana	11,887	2,694	471	9	78.93	17.89	3.13	0.06
Nebraska	23,235	6,150	-	-	79.07	20.93	-	-
Nevada	10,299	1,323	607	899	78.45	10.08	4.62	6.85
New Hampshire	10,723	2,433	864	123	75.82	17.20	6.11	0.87
New Jersey	114,216	44,169	11,417	1,151	66.81	25.84	6.68	0.67
New Mexico	-	-	-	-	-	-	-	-
New York	111,467	180,485	41,706	2,117	42.26	41.13	15.81	0.80
North Carolina	104,170	19,476	4,196	3,377	73.39	14.84	3.2	2.57
North Dakota	8,065	1,907	396	210	76.24	18.03	3.74	1.99
Ohio	126,304	58,967	15,240	1,721	62.46	29.16	7.54	0.85
Oklahoma	53,426	9,285	335	1,369	82.94	14.41	0.52	2.13
Oregon	39,007	4,724	963	449	86.41	10.46	2.13	0.99
Pennsylvania	107,657	69,333	16,872	547	55.38	35.66	8.68	0.28

TABLE 58 Continued

NUMBER AND PERCENT OF CHILDREN WITH HANDICAPPING CONDITIONS (AGES 3-21) SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS, BY STATE, 1982-1983 SCHOOL YEAR

	All handicapping conditions							
	Number[1]				Percent			
State	Regular classes	Separate classes	Separate school	Other environments	Regular classes	Separate classes	Separate school	Other environments
Puerto Rico	8,436	10,550	12,513	2,611	24.73	30.93	36.68	7.65
Rhode Island	15,932	3,642	839	347	76.74	17.54	4.04	1.67
South Carolina	55,659	12,292	3,565	189	77.62	17.14	4.97	0.26
South Dakota	9,019	2,094	599	133	76.14	17.68	5.06	1.12
Tennessee	87,262	15,673	1,312	1,804	82.28	14.78	1.24	1.70
Texas	224,583	43,038	15,643	2,901	78.48	15.04	5.47	1.01
Utah	30,820	4,372	2,135	57	82.44	11.69	5.71	0.15
Vermont	7,123	1,862	176	147	76.53	20	1.89	1.58
Virginia	60,464	23,119	5,402	2,056	66.41	25.39	5.93	2.26
Washington	41,041	19,164	2,298	52	65.61	30.64	3.67	0.08
West Virgina	32,566	6,555	1,929	1,196	77.09	15.52	4.57	2.83
Wisconsin	35,315	34,346	926	389	49.76	48.39	1.30	0.55
Wyoming	7,030	1,055	216	-	84.69	12.71	2.60	-
American Samoa	163	-	81	-	66.80	-	33.20	-
Guam	912	840	263	16	44.90	41.36	12.95	0.79
Northern Marianas	-	-	-	-	-	-	-	-
Trust Territories	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-
Bureau of Indian Affairs	3,976	593	280	-	82.00	12.23	5.77	-
U.S. and Territories	2,877,811	1,086,140	250,089	46,378	67.55	25.49	5.87	1.09

[1] The figures represent children (ages 3-21 years) served under P.L.94-142 and (ages 0-20 years) served under P.L.89-313.

SOURCE: U.S. Department of Education, Office of Special Education and Rehabilitative Services, *Seventh Annual Report to Congress on the Implementation of Public Law 94-142,* Appendix 6 Table 6C1, (1985).

TABLE 59

NUMBER OF STUDENTS ENROLLED IN SECONDARY EDUCATION PROGRAMS, BY TYPE OF HANDICAPPING CONDITION AND TYPE OF SCHOOL, 1979

	Type of school or program		
Handicapping condition	Area vocational centers[1]	Junior and community colleges[1]	Comprehensive high schools
Visually handicapped	778	215	3,230
Deaf	413	81	1,121
Hard of hearing	718	164	2,780
Other health impaired	2,701	837	6,747
Multi-handicapped	1,216	334	2,990
Mentally retarded	10,335	136	48,278
Seriously emotionally disturbed	2,261	187	9,722
Specific learning disabled	11,471	316	48,795
Speech impaired	711	106	3,837
Deaf-blind	29	14	231
Orthopedically impaired	782	842	3,197

[1] Figures include adults as well as children

SOURCE: U.S. Department of Education, Office for Civil Rights, 1979 Vocational Education Civil Rights Survey, National Summary Data.

TABLE 60

TEACHER RATINGS OF HANDICAPPED AND NON-HANDICAPPED STUDENTS (AGES 12-16), IN TERMS OF SOCIAL ADJUSTMENT AND NEED FOR DISCIPLINE, BY TYPE OF LIMITATION (AS IDENTIFIED BY TEACHER), 1981

Teacher ratings	Percent distribution			
	All students	Students limited in school work[1]	Students limited in sports activities[1]	Students not identified as limited
	(n = 1,122)	(n = 146)	(n = 76)	(n = 945)
How well student got along with other students in class				
Much better (than other students)	14.3%	1.3%	3.7%	16.7%
Better	32.3%	17.7%	32.1%	34.1%
About the same	42.7%	45.2%	24.4%	42.8%
Worse or much worse	10.7%	35.8%	39.8%	6.4%
How well student got along with teachers				
Much better (than other students)	23.8%	3.8%	9.4%	27.2%
Better	31.1%	24.7%	41.2%	31.4%
About the same	37.2%	44.8%	34.6%	36.3%
Worse or much worse	7.9%	26.6%	14.8%	5.1%
How frequently any disciplinary action was required for students				
Frequently	4.7%	14.6%	10.2%	3.2%
Occasionally	37.0%	52.2%	46.8%	34.6%
Never	58.3%	33.2%	43.0%	62.2%

[1] Includes students described as limited in both school work and sports activities.

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: Child Trends, Inc., data from 1981 National Survey of Children.

TABLE 61

TEACHER RATINGS OF ACADEMIC STANDING AND PERFORMANCE OF HANDICAPPED AND NON-HANDICAPPED STUDENTS (AGES 12-16), BY TYPE OF LIMITATION (AS IDENTIFIED BY TEACHER), 1981

	Percent distribution			
Teacher ratings	All students	Students limited in school work[1]	Students limited in sports activities[1]	Students not identified as limited
	(n = 1,122)	(n = 146)	(n = 76)	(n = 945)
Overall standing in class during the previous school year				
One of the best students in the class	16.8%	4.6%	11.9%	18.7%
Above the middle	26.0%	13.4%	18.2%	28.3%
In the middle	30.1%	26.9%	30.4%	30.7%
Below the middle or near the bottom of the class	27.1%	55.1%	39.5%	22.3%
Performance in class during the previous school year				
Did really well	23.4%	3.9%	13.4%	26.4%
Did about as well as he/she could	31.9%	32.5%	35.3%	31.8%
Could have done better	44.7%	63.6%	51.2%	41.8%

[1] Includes students described as limited in both school work and sports activities.

NOTE: Percentage figures may not total 100% as figures are rounded.

SOURCE: Child Trends, Inc., data from 1981 National Survey of Children.

TABLE 62

PERCENT OF HANDICAPPED AND NON-HANDICAPPED STUDENTS (AGES 12-16), BY TYPE OF LIMITATION (AS IDENTIFIED BY TEACHER) AND FEELINGS ABOUT SCHOOL, 1981

	Percent distribution			
Teacher ratings	All students	Students limited in school work[1]	Students limited in sports activities[1]	Students not identified as limited
	(n = 1,122)	(n = 146)	(n = 76)	(n = 945)
Feelings about going to school				
Love it	11.2%	7.6%	6.6%	11.9%
Like it	70.0%	66.0%	71.0%	70.5%
Dislike it	11.5%	12.1%	9.5%	11.4%
Hate it	6.9%	13.6%	11.4%	5.9%
Not sure	0.4%	0.7%	1.5%	0.3%
Interested in school work				
Most of the time	58.2%	39.6%	48.6%	60.9%
Just some of the time	37.0%	50.0%	42.9%	35.5%
Hardly ever	4.9%	10.4%	8.5%	3.6%
Ashamed of mistakes in class				
Yes	53.6%	71.3%	63.1%	51.1%
No	46.4%	28.7%	36.9%	48.9%
Satisfaction with own school work				
Very satisfied	42.7	24.9%	41.4%	45.0%
Somewhat satisfied	43.7%	52.0%	48.3%	42.6%
Not too satisfied	13.6%	23.1%	10.3%	12.3%

---

[1] Includes students described as limited in both school work and sports activities.

NOTE: Percentage of figures may not total 100% as figures are rounded.

SOURCE: Child Trends, Inc., data from 1981 National Survey of Children, 1985.

TABLE 63

EDUCATIONAL ASPIRATIONS AND EXPECTATIONS OF PARENTS OF HANDICAPPED AND NON-HANDICAPPED STUDENTS AND OF STUDENTS THEMSELVES (AGES 12-16), BY TYPE OF LIMITATION (AS IDENTIFIED BY TEACHER), 1981

	Percent distribution							
Level of aspiration by reporting source	All students (n = 1,122)		Students limited in school work[1] (n = 146)		Students limited in sports[1] (n = 76)		Students not identified as limited (n = 945)	
Parent:	Wants child to	Thinks child will	Wants child to	Thinks child will	Wants child to	Thinks child will	Wants child to	Thinks child will
Graduate college or more	61%	45%	47%	28%	57%	40%	63%	47%
Get some college	21%	25%	20%	28%	20%	24%	21%	25%
Graduate high school	17%	26%	29%	35%	18%	23%	15%	25%
Leave high school before graduating	-	2%	1%	7%	3%	5%	-	1%
Other, or don't know	1%	2%	2%	2%	2%	8%	1%	2%
Student:	Would like to	Thinks he/she will	Would like to	Thinks he/she will	Would like to	Thinks he/she will	Would like to	Thinks he/she will
Finish college or more	59%	57%	31%	28%	53%	48%	63%	61%
Get some college	20%	20%	20%	22%	24%	24%	20%	20%
Finish high school	20%	22%	47%	48%	23%	24%	16%	18%
Quit school as soon as possible	1%	1%	2%	2%	-	2%	1%	1%
Other, or don't know	-	-	-	1%	-	2%	-	-

[1] Includes students described as limited in both school work and sports activities.

NOTE: Details may not add to totals because of rounding.

SOURCE: Child Trends, Inc., data from 1981 National Survey of Children, 1985.

TABLE 64

MEAN STANDARD SCORES ON THE AMERICAN COLLEGE TESTING PROGRAM (ACT), BY TEST SUBJECT AND TYPE OF DISABLING CONDITION, IF ANY, OF EXAMINEES, 1982-1983

	Examinees without disabilities[1]			Examinees with disabilities[2]			Examinees with motor (physical and learning) disabilities[3]			Examinees with visual disabilities[4]			Examinees with auditory disabilities[5]		
Subject	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
English	17.3	18.2	17.8	14.4	16.2	15.3	13.4	13.2	13.3	15.7	17.5	16.6	11.6	11.3	11.5
Mathematics	18.4	15.7	16.9	14.5	13.1	13.8	11.5	9.6	10.9	14.7	13.3	14.0	11.2	9.0	10.0
Social studies	18.1	16.4	17.1	14.7	14.9	14.8	14.3	12.0	13.6	17.2	16.6	16.9	9.7	8.8	9.2
Natural sciences	22.4	19.7	20.9	19.3	18.3	18.8	18.5	15.8	17.7	20.6	20.0	20.3	15.2	13.8	14.4
Composite	19.2	17.6	18.3	15.8	15.7	15.8	14.5	12.8	14.0	17.2	16.9	17.1	12.0	10.9	11.4

[1] Examinees who indicated that they did not have a disability that might require special services from the college they planned to attend. These examinees were tested on national test dates under timed conditions and used standard materials.

[2] Examinees who indicated that they did have a disability that might require special services from the college they planned to attend, but who were tested on a national test date under timed conditions and used standard materials. ACT did not ask these examinees to indicate the nature of their disabilities.

[3] Examinees who were specially tested because of motor (physical and learning) disabilities.

[4] Examinees who were specially tested because of visual disabilities.

[5] Examinees who were specially tested because of auditory disabilities.

SOURCE: Laing, Joan, and Farmer, Merine, *Use of the ACT Assessment by Examinees with Disabilities*, Research Report #84, The American College Testing Program. Iowa City, 1984.

PART IV: SURVEY AND CENSUS DESCRIPTIONS

SECOND NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY, 1976-1980 (NHANESII)

Contact

Dale C. Hitchcock, Survey Statistician
Survey Planning and Development Branch

Sponsor

National Center for Health Statistics
Department of Health and Human Services
3700 East-West Highway
Hyattsville, MD 20782
(301) 436-7080

Period

February 1976 through February 1980.

Survey Objective

To provide estimates of prevalence of those health characteristics best identified through standardized medical examinations including tests and measurements used in clinical practice.

Population Surveyed

National sample of (non-institutional) civilians ages 6 months through 74 years.

Survey Size

The sample size was 27,801. A total of 25,286 were interviewed (6,839 children from six months to 11 years, and 18,447 persons age 12-74). A total of 20,322 were examined (5,843 children from six months to 11 years, and 14,479 persons age 12-74).

Survey Design

A stratified, multi-stage design that provided for the selection of samples at each stage with a known probability. In hierarchical order, the stages of selection were primary sampling units (PSU's—a PSU is a county or a small group of contiguous counties); census enumeration districts (ED's); segments (a segment is a cluster of households); households; eligible persons; and, finally, sample persons.

To oversample persons with low incomes, the ED's within each PSU were stratified into a poverty stratum and a non-poverty stratum. The sample of persons to be examined was selected so that the younger and older age groups were oversampled and so that approximately one person per sample household was selected. The sampling rates by ages were as follows:

Age	Rate
6 months-5 years	¾
6-59 years	¼
60-74 years	¾

Data Source

Questionnaires on medical history, food consumption, and health related behavior. Direct medical examination, tests, measurements, and laboratory procedures.

Key Variables

_x_ Age
_x_ Ethnicity (White/Black)
    _x_ Includes Hispanic
    _x_ Includes Asian
_x_ Family Income
_x_ Rural/Urban Residence
_x_ Family Composition
_x_ Beneficiary Status for Major Federal Programs
_x_ Other Demographic Data
    _x_ Sex
    _x_ Education
_x_ Geographical Area
    ____ State
    _x_ Region
    ____ SMSA
_x_ Service Utilization

Disabling Conditions/Functional Limitations

Age 6 months to 11 years:

Congenital conditions, conditions that cause child to be unable to do some things. Color blindness, trouble seeing at night. Hearing impairment (deafness or trouble hearing). Speech impairment. Developmental disabilities (polio or paralysis, cerebral palsy, brain damage, vision trouble, emotional problem or disturbance, hyperactivity, mental retardation).

Age 12 to 74:

Visual impairment (color blindness, serious trouble seeing with one or both eyes even with glasses, ability to read ordinary newsprint with glasses with left eye, right eye). Hearing impairment (deafness or trouble hearing). Functional impairment (physical disability or handicap preventing or limiting normal daily activities, such as kind or amount of work, housework, schoolwork, use of public transportation); identification of the physical disability or handicap; length of duration; whether disability or handicap prevents person from doing any regular schoolwork, taking care of personal needs such as dressing or eating, doing work around the house.

NOTE: To make efficient use of NHANES data, one should look at questionnaire data in conjunction with findings from the direct examinations, measurements, and other medical tests.

NATIONAL HOUSEHOLD SURVEY COMPONENT OF THE NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY (NMCUES), 1980.

Contact

Barbara Moser
Research Triangle Institute
P.O. Box 12138
Research Triangle Park, NC 27709

Michele Chyba
Division of Health Interview Surveys
Utilization and Expenditure Statistics Branch
National Center for Health Statistics
3700 East-West Highway
Hyattsville, MD 20782
(301) 436-7100

Sponsor

National Center for Health Statistics and Health Care Financing Administration.

Period

Early 1980.

Survey Objective

To produce a database of national information on this country's health status, patterns of health care utilization, charges for services received, and methods of payment.

Population Surveyed

Civilians residing in U.S. households.

Survey Size

6600 households; 17,123 persons.

Sample Design

The National Medical Care Utilization and Expenditure Survey (NMCUES) utilized two independently drawn national area samples provided by the Research Triangle Institute and its subcontractor, the National Opinion Research Center. Both sample designs were stratified four-stage area probability designs and were similar in structure. The first stage consisted of primary sampling units (PSU's), which were counties, parts of counties or groups of contiguous counties. The second stage consisted of secondary sampling units (SSU's), which were census enumeration district or block groups. The third stage consisted of smaller area segments, and the fourth stage consisted of housing units (HU's). Related persons in an HU were interviewed as a single reporting unit (RU).

Data Source

NMCUES consisted of initial interviews during February through April 1980 and four follow-up interviews spaced at approximately 3 month intervals. About four-fifths of the third and fourth interviews were conducted by telephone; all of the remaining interviews were conducted in person. In most RU's, data for all related persons were collected from a single respondent. A summary of selected information was reviewed with the family to correct errors and to update information.

Key Variables

- x Age
- x Ethnicity (White/Black)
  - x Includes Hispanic
  - x Includes Asian
- x Family Income
- x Rural/Urban Residence
- x Family Composition
- x Beneficiary Status for Major Federal Programs
- x Other Demographic Data
  - x Sex
  - x Education
- x Geographical Area
  - ___ State
  - x Region
  - ___ SMSA
- x Service Utilization

Disabling Conditions/Functional Limitations

Limitation of Activity:

(1) cannot perform usual activity
(2) can perform usual activity but limited in kind or amount
(3) can perform usual activity but limited in kind or amount of other activity
(4) not limited

People age 6 and above were classified into all categories. Children 1-5 years of age were classified into categories 1, 2, and 4; children under 1 year of age were classified only into categories 1 and 4. The condition causing the limitation of activity was obtained.

Number of months participant had (main) limitation.

In addition, persons 17 and older were asked a battery of questions to assess their ability to perform various functions.

NATIONAL HEALTH INTERVIEW SURVEY (NHIS)

Contact

Owen T. Thornberry, Jr., Ph.D.
Division of Health Interview Statistics
Department of Health and Human Services
National Center for Health Statistics
3700 East-West Highway
Hyattsville, MD 20782
(301) 436-7085

Sponsor

National Center for Health Statistics.

Period

Weekly with quarterly and annual compilations beginning in 1957.

Survey Objective

To obtain information about the amount and distribution of illness, its effect in terms of disability and chronic impairments and the kind of health services people receive.

Population Surveyed

Nationwide sample of civilians living in U.S. households.

Survey Size

40,000 households, 110,000 persons.

Survey Design

NHIS utilizes a stratified, multistage design that provides for the selection of samples at each stage with a known probability. In hierarchical order, the stages of selection were primary sampling units (PSU's—a PSU is a county or a small group of contiguous counties); census enumeration districts (ED's); segments (a segment is a cluster of households); households; eligible persons; and, finally, sample persons.

Data Source

Face-to-face interviews with household residents.

Prior Use Report

Current Estimates from the National Health Interview Survey: United States, 1981. *Vital and Health Statistics.* Series 10-No. 141. DHHS Publ. No. (PHS) 83-1569. Public Health Service. Washington. U.S. Government Printing Office (October 1982).

Key Variables

- x Age
- x Ethnicity (White/Black)
  - x Includes Hispanic
  - x Includes Asian
- x Family Income
- x Rural/Urban Residence
- x Family Composition
- x Beneficiary Status for Major Federal Programs
- x Other Demographic Data
  - x Sex
  - x Education
- x Geographical Area
  - State
  - x Region
  - x SMSA
- x Service Utilization

Disabling Conditions/Functional Limitations

Limitation of Activity:

Cannot perform usual activity
Can perform usual activity but limited in amount or kind
Can perform usual activity but limited in outside activities
Not limited

Duration of Limitation of Activity:

Months/years for primary and secondary causes of limitation of activity, based on the International Classification of Diseases, 1979 revision.

CHILD HEALTH SUPPLEMENT TO THE NATIONAL INTERVIEW SURVEY

Contact

Gerry E. Hendershot, Ph.D., Chief
Illness and Disability Statistics Branch
National Center for Health Statistics
Department of Health and Human Services
3700 East-West Highway
Hyattsville, MD 20782
(301) 436-7089

Sponsor

National Center for Health Statistics.

Period

1981.

Survey Objective

To provide statistics on the health status of children.

Population Surveyed

Nationwide samples of civilians living in U.S. households.

Survey Size

40,000 households, 110,000 persons, 16,000 children.

Survey Design

The survey utilized a stratified, multistage design that provided for the selection of samples at each stage with a known probability. In hierarchical order, the stages of selection were primary sampling units (PSU's—a PSU is a county or a small group of contiguous counties); census enumeration districts (ED's); segments (a segment is a cluster of households); households; eligible persons; and finally, sample persons. One child per family was interviewed.

Data Source

Face-to-face interviews with household residents by Census Bureau interviewers.

Key Variables

- x Age
- x Ethnicity (White/Black)
  - x Includes Hispanic
  - x Includes Asian
- x Family Income
- x Rural/Urban Residence
- x Family Composition
- x Beneficiary Status for Major Federal Programs
- x Other Demographic Data
  - x Sex
  - x Education
- x Geographical Area
  - _____ State
  - x Region
  - x SMSA
- x Service Utilization

Disabling Conditions/Functional Limitations

Deafness in one or both ears, blindness in one or both eyes, autism, palsy or cerebral palsy, paralysis of any kind, mental retardation, epilepsy, missing finger, hand, foot or limb, permanent limb stiffness or deformity.

School limitation of activity (5-17 years of age) due to chronic (lasting over three months) condition: unable to attend school; can attend school but must go to certain type of school or limited in attendance; can attend school, but limited in outside activities; not limited.

NOTE: The behavior problem index used in the Child Health Supplement (see Table 16) is designed to assess the frequency of 32 different childhood behavior problems, for example, fear or anxiety, trouble getting along with other children, and changes in mood. The index is constructed so that each item refers to a different behavior problem. Respondents must report the frequency of the problem using a three point scale: 1) often true, 2) sometimes true, or 3) not true.

CENSUS OF PERSONS IN INSTITUTIONS AND OTHER GROUP QUARTERS,1980

Contact

Carolyn Rogers
(301) 763-7883

Sponsor

Bureau of the Census
U.S. Department of Commerce
Washington, DC 20233

Period

As of April 1, 1980.

Survey Objective

To provide a census of the characteristics of the population under care or custody in institutions and other group quarters.

Population Surveyed

Persons living in institutions—correctional facilities, mental (psychiatric) hospitals, residential treatment centers, tuberculosis hospitals, other chronic disease hospitals, homes for the aged, homes and schools for the mentally handicapped (public and private), homes and schools for the physically handicapped, homes for dependent and neglected children, homes for unwed mothers, training schools for juvenile delinquents (public and private), and detention homes.

Persons living in other group quarters—rooming houses (houses with nine residents or more not related to the householder), temporary motels, hotels, Y's charging four dollars or more, military barracks, college dormitories, communes, halfway houses, religious group quarters, workers dorms, low cost transient quarters, general hospital or nurses dormitories, institutional staff quarters.

Survey Size

See survey design.

Survey Design

Two sampling rates were employed. In counties, incorporated places, and minor civil divisions estimated to have fewer than 2500 persons (based on pre-census estimates): one-half of all persons in group quarters were to be included in the sample. In all other areas one-sixth of the persons in group quarters were sampled.

Data Source

Special questionnaires were used for the enumeration of persons in group quarters. Unlike the regular questionnaires, these forms contained population questions but did not include any housing questions. These facilities were not enumerated by mail because there was no way of knowing in advance how many people would be residing at these places at a given time making it impossible for the Bureau of the Census to ascertain the number of questionnaires to send or to be received from them. Enumerators visited each facility and conducted the enumeration by interviewing occupants directly, by leaving individual census reports, or by transcribing information from institution records.

Key Variables

- x Age
- x Ethnicity (White/Black)
  - x Includes Hispanic
  - x Includes Asian
- x Family Income
- x Rural/Urban Residence
- _____ Family Composition
- x Beneficiary Status for Major Federal Programs
- _____ Other Demographic Data
  - x Sex
  - _____ Education
- x Geographical Area
  - x State
  - x Region
  - x SMSA
- _____ Service Utilization

Disabling Conditions/Functional Limitations

It must be assumed that children residing in group quarters designed for handicapped children specifically (i.e., psychiatric hospitals and residential treatment centers, tuberculosis hospitals and other chronic disease hospitals, homes and schools for the mentally and physically handicapped) are in fact disabled.

Prior Use Report

Persons in Institutions and Other Group Quarters; 1980 Census of Population. Washington: Bureau of the Census, U.S. Department of Commerce. Publication No. PC80-2-4D (October 1984).

SURVEY OF INCOME AND PROGRAM PARTICIPATION (SIPP)—1984 PANEL, WAVE THREE QUESTIONNAIRE

Contact

Chet Bowie
Income Surveys Branch
Demographic Surveys Division
Bureau of the Census
3456 Federal Building #3
Washington DC 20233
(301) 763-2063

Sponsor

U.S. Department of Commerce, Bureau of the Census.

Period

The Third Wave is part of an ongoing survey begun in October of 1983. The survey consists of yearly samples or "panels" interviewed at four-month intervals over a 2½ year period. Third Wave respondents were interviewed from May-August, 1984. Respondents are asked to provide information about the four months prior to the interview month, except for certain sections which may have longer reference periods.

Survey Objective

This is a survey of the economic situation of people in the United States, designed to: 1) provide data for a better understanding of the income distribution in this country, 2) study Federal and State income transfer and service programs to estimate future program costs and coverage, and to assess the effects of proposed changes in program eligibility rules or benefits levels, and 3) provide information for debating policy issues such as national pension and retirement plans, tax reform, social security funding and health care reform.

Population Surveyed

Persons age 15 and over living in U.S. households.

Survey size

Approximately 25,000 designated households comprise the core 1984 panel sample; an additional 18,000 designated households comprise a second overlapping panel introduced in February of 1985.

Survey Design

The SIPP sample design for the 1984 panel consists of about 25,000 housing units selected to represent the noninstitutional population of the United States of which about 20,000 were occupied and eligible for interview. The sample households within the 1984 panel are divided into four subsamples of nearly equal size. These subsamples are called rotation groups and one rotation group is interviewed each month. Each household in the sample was scheduled to be interviewed at 4-month intervals over a period of two and one-half years beginning in October 1983. The reference period for the questions is the 4-month period preceding the interview. For example, households interviewed in October 1983 were asked questions for the months June, July, August, and September. This household was interviewed again in February 1984 for the October through January period.

In general, one cycle of interviews covering the entire sample, using the same questionnaire, is called a wave. Only the Third Wave contains disability-related information.

A new panel of slightly smaller size is scheduled to be introduced in February 1985 and in February of each succeeding year. This overlapping design will provide a much larger sample size (almost twice as large) from which cross-sectional estimates can be made. The overlap will also enhance the survey's ability to measure change by lowering the standard errors on differences between estimates for two points in time.

Data Source

Interviewers from the Census Bureau regional offices conduct an in-person interview with each sampled household every four months. Every household member age 15 or older who is present is asked to provide information about him/herself; if absent, a proxy provides this information. Telephone interviewing was used only in the following cases: 1) to obtain missing information; 2) to interview persons who could not or would not participate otherwise; and 3) to interview persons who had moved more than one hundred miles from the SIPP sampling unit.

Key Variables

- x Age
- x Ethnicity (White/Black)
  - x Includes Hispanic
  - x Includes Asian
- x Family Income
- x Rural/Urban Residence*
- x Family Composition
- x Beneficiary Status for Major Federal Programs
- x Other Demographic Data
  - x Sex
  - x Education
- x Geographical Area
  - x State
  - x Region
  - x SMSA
- x Service Utilization

Disabling Conditions/Functional Limitations

Questions asked about children under age 18:

Presence of a long lasting physical condition that limits their ability to walk, run or play. Identification of the condition from a list of 22 specific impairments and health conditions. Presence of a long lasting mental or emotional problem that limits their ability to learn or do regular schoolwork. Whether or not children who have these conditions or problems are able to attend a regular school.

NATIONAL SURVEY OF CHILDREN

Contact

Nicholas Zill,
James L. Peterson, and
Kristin Moore
Child Trends, Inc.
1990 M Street, N.W.
Washington, DC 20036
(202) 223-6288

Sponsor

Foundation for Child Development and National Institute of Mental Health.

Period

1977 (Wave 1), 1981 (Wave 2).

Survey Objective

The objective of the survey was to study the well-being of children using a broad range of indicators. The 1981 data period was designed to focus on marital disruption.

Population Surveyed

Children age 7-11 living in households of 48 contiguous states in 1977; the sample was age 12-16 in 1981.

Survey Size

1977: 2,301 children in 1,747 families.

1981: 1,423 children in 1,078 families.

Survey Design

National probability sample (stratified random). Included in Wave 2 were all children from divorced, separated or "high conflict" families as identified in Wave 1, and a subsample of children from intact families.

Data Source

Interviews with eligible child and parent, usually the mother, and a questionnaire compiled by the child's teacher.

---

*Coded for metropolitan versus not in metropolitan area.

Key Variables

- x Age
- x Ethnicity (White/Black)
    - x Includes Hispanic
    - x Includes Asian
- x Family Income
- x Rural/Urban Residence
- x Family Composition
- x Beneficiary Status for Major Federal Programs
- x Other Demographic Data
    - x Sex
    - x Education
- x Geographical Area*
    - x State
    - x Region
    - ___ SMSA
- x Service Utilization

Disabling Conditions/Functional Limitations

Inability to attend school because of a physical, emotional, or mental condition. Presence of a physical, emotional, or mental condition which limits or interferes with the child's ability. Need for help from others, because of health condition, in looking after personal needs. Need for help from others to go outdoors or to get around outside the house. Identification of child's health condition or limitation from a list of 18 specific conditions and impairments; the "other" category is included.

Prior Use Reports

Select Committee on Children, Youth, and Families, U.S. House of Representatives. *U.S. Children and Their Families: Current Conditions and Recent Trends.* (Prepared by Child Trends, Inc.) Washington, DC: U.S. Government Printing Office, May 1983. (Reprinted by Foundation for Child Development, July 1983.)

Zill, N. and Peterson, J.L. "Trends in the Behavior and Emotional Well-being of U.S. Children: Findings from a National Survey." Paper presented at the annual meeting of the American Association for the Advancement of Science, Washington, DC. January 1982.

Zill Nicholas. *The School-Age Handicapped: A Statistical Profile of Special Education Students in Elementary and Secondary Schools in the United States.* Child Trends (see above for complete address). This report is a chapter prepared for National Center for Education Statistics publication, *The Condition of Education,* under Department of Education contract (number 300-83-0198). May 15, 1984.

ANNUAL REPORTS TO CONGRESS ON THE IMPLEMENTATION OF PUBLIC LAW 94-142: THE EDUCATION OF THE HANDICAPPED ACT.

Contact

Lou Danielson
Division of Educational Services
Special Education Programs
Department of Education
Washington, DC 20202
(202) 732-1119

Sponsor

Office of Special Education and
Rehabilitative Services
Special Education Programs
U.S. Department of Education.

Period

Annually, beginning in 1976-1977.

Survey Objective

To inform Congress about the progress being made to implement the Education of the Handicapped Act (20 U.S.C. #1401, 1411 et seg.).

Population Surveyed

All children, preschool through twelfth grade, who are identified and served as handicapped.

Survey Size

Fifty States, DC, five territories and the Bureau of Indian Affairs; i.e., 57 reporting sources aggregating information from approximately 15,800 local educational agencies. In 1983-84 (the Seventh Annual Report) it was reported that 4,341,399 children were served by the states in the public school system and state operated and supported institutions.

Survey Design

The EHA child count information is recorded on December 1. Local school district officials are responsible for disseminating and collecting all child count information from all educational agencies within their local district boundaries. Local school district officials validate, compile and submit all program level summary forms to the State Department of Education. State Departments of Education report the aggregated information using standard reporting forms provided by the Federal Government. School districts and other education agencies maintain a file of records of child counts for future auditing by federal agencies, the State Department of Education, and the Public School Finance Division.

---

*Not readily available in the file, but could be derived by Temple University (who collected the data).

Data Source

State education agencies are surveyed (who in turn gather information from local education agencies).

Key Variables

x Age
____ Ethnicity (White/Black)
    ____ Includes Hispanic
    ____ Includes Asian
____ Family Income
____ Rural/Urban Residence
____ Family Composition
____ Beneficiary Status for Major Federal Programs
____ Other Demographic Data
    ____ Sex
    ____ Education
x Geographical Area
    x State
    ____ Region
    ____ SMSA
____ Service Utilization

Disabling Conditions/Functional Limitations

The number of children in the following categories of disability are reported: learning disabled, speech impaired, mentally retarded, emotionally disturbed, hard of hearing and deaf, multi-handicapped, orthopedically impaired, other health impaired, visually handicapped, and deaf-blind.

Prior Use Reports

U.S. Department of Education. *Annual Report to Congress on the Implementation of Public Law 94-142.* Washington, DC.

NATIONAL SURVEY OF RESIDENTIAL FACILITIES

Contact

Bradley Hill
Center for Residential and Community Services
207 Pattee Hall
150 Pillsbury Drive SE
University of Minnesota
Minneapolis, MN 55455
(612) 376-5283

Sponsor

Health Care Financing Administration, U.S. Department of Health and Human Services.

Period

As of June 30, 1982.

Survey Objective

To examine national patterns of residential programs serving persons who are mentally retarded.

Population Surveyed

The census included residents of facilities and homes that met the following definition of a residential facility: Any living quarters which provided 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded people as of June 30, 1982, with the exception of: (a) single family homes, providing services to a relative; (b) nursing homes, and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs that have no staff residing in the same facility.

Semi-independent living programs were included only if staff members were in the building at all times when residents were home. Apartment units with shared staff members in one building were viewed as one program facility and covered by a single questionnaire.

Survey Size

Residential facilities serving 279,095 residents of whom 243,669 were mentally retarded.

Survey Design

Data collection for traditional state-operated public residential facilities (institutions) was conducted under the auspices of the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded. Questionnaires were mailed to administrators of 278 public residential facilities during August 1982. In October, short-form questionnaire responses were obtained from all previous non-respondents.

The survey of the remaining 20,859 facilities was directly conducted by the Center. Questionnaires were initially mailed to 19,159 facilities/homes between September 3 and 8, 1982. During the same week, 1,700 questionnaires were mailed to New York for distribution to family care homes. Two mail follow-ups were conducted in September and October 1982, succeeded in November through March by several special follow-ups of selected group facilities. Telephone interviewing of all non-respondents began in December 1982, and ended in June 1983.

Data Source

Self-administered mail questionnaires with two mail follow-ups and telephone follow-ups.

Key Variables

x Age
____ Ethnicity (White/Black)
    ____ Includes Hispanic
    ____ Includes Asian
____ Family
____ Rural/Urban Residence
____ Family Composition
x Beneficiary Status for Major Federal Programs
x Other Demographic Data
    x Sex
    ____ Education
x Geographical Area
    x State
    ____ Region
    ____ SMSA
____ Service Utilization

Prior Use Reports

Hauber, F.A., Bruininks, R.H., Hill, B.K., Lakin, K.C., and White, C.C. *National Census of Residential Facilities: Fiscal Year 1982.* Minneapolis: University of Minnesota, Department of Educational Psychology (1982).

Hill, B.K., Bruininks, R.H., Lakin, K.C., Hauber, F.A. and McGuire, S.P. *Stability of Residential Facilities for Mentally Retarded People: 1977-1982.* Minneapolis: Center for Residential and Community Services, Department of Educational Psychology, University of Minnesota (1984).

Hill, B.K. and Lakin, K.C. *Classification of Residential Facilities for Mentally Retarded People.* Minneapolis: Center for Residential and Community Services, Department of Educational Psychology, University of Minnesota (1984).

NATIONAL INTERVIEW SURVEY OF PUBLIC AND COMMUNITY RESIDENTIAL FACILITIES FOR MENTALLY RETARDED PERSONS

Contact

Bradley Hill
Center for Residential and Community Services
207 Pattee Hall
150 Pillsbury Drive, S.E.
University of Minnesota
Minneapolis, MN 55455
(612) 376-5283

Sponsor

Administration on Developmental Disabilities
Office of Human Development Services
U.S. Department of Health and Human Services

Period

1978 and 1979.

Survey Objective

To provide information on changing patterns of residential services for persons who are mentally retarded.

Population Surveyed

Persons residing in a state sponsored and administered facility which offered comprehensive programming on a 24-hour, 7 days-a-week basis as of June 30, 1977, or in any community-based living quarter(s) which provided 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons as of June 30, 1977, with the exception of (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have no staff residing in the same facility.

Survey Size

The sample included 983 residents of public residential facilities (including 220 new admissions, 210 readmissions, and 497 persons released) and 1024 residents of community residential facilities.

Survey Design

The NIS was a two-stage probability sample with partial replacement. In the first stage, a sample of 78 and 180 community residential facilities was selected so that the probability of selection was proportionate to the number of mentally retarded residents and so that the distribution of sample facilities across census regions and size classes was in close agreement with the distribution of the national resident population. The second stage involved random selection of residents within sampled facilities. Within PRF's three additional samples were selected: new admissions, readmissions, or residents released during particular time periods during 1977 and 1978.

Data Source

Demographic information about individual residents was obtained from each resident's records and recorded on a Personal Record Sheet. Other information about residents was obtained by interview using a structured questionnaire with direct-care staff persons who were most directly involved with the residents' day-to-day care for at least two months prior to the survey.

Key Variables

x Age
x Ethnicity (White/Black)
    x Includes Hispanic
    x Includes Asian
x Family Income
____ Rural/Urban Residence
____ Family Composition
____ Beneficiary Status for Major Federal Programs
x Other Demographic Data
    x Sex
    ____
x Geographical Area
    ____ State
    x Region
    ____ SMSA
x Service Utilization

Disabling Conditions/Functional Limitations

Degree of retardation. Presence of autism, mental illness, deafness or hearing impairment, blindness or visual impairment, cerebral palsy, or other physical handicap. Ability to hear, to see, and to get around. Hand and arm use. Communication skills.

ELEMENTARY AND SECONDARY SCHOOLS CIVIL RIGHTS SURVEYS (1978, 1980, 1982)

Contact

Seville Allen, Program Analyst
(202) 732-1569
Surveys Branch

Sponsor

Office for Civil Rights
Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

Period

Annually, beginning with the 1967-68 school year until 1974-75. Beginning in 1976 it has been conducted biennially.

Survey Objective

To monitor and ensure civil rights compliance in programs and activities receiving financial assistance from the Department of Education.

Population Surveyed

Students attending elementary and secondary schools.

Survey Size

1978 – 6,049 of 16,014 school districts.
1980 – 5,058 of 15,614 school districts.
1982 – 3,128 of 15,614 school districts.

Survey Design

A series of three biennial surveys (1978, 1980, 1982). The survey methodology, originally designed for the 1978 survey and modified for the 1982 survey, defined two categories of districts: (1) forced districts, included each year (districts which are monitored because of civil rights issues, including those which are under court order to desegregate and those which have a voluntary desegregation plan), and (2) sampled districts. Originally, one third of the remaining (not forced) districts were to be sampled each year so that every district would be surveyed by the end of the third year (1982). However, in 1980 the remaining districts with enrollments of over 300 students were sampled, and in 1982 those districts with enrollments of over 1500 students were sampled.

Data Source

This is a mail survey. Surveyed districts completed a School System Summary Report (Form ED 101). In addition, each school within a sampled district completed an Individual School Report (Form ED 102).

Key Variables

_____ Age
__x__ Ethnicity (White/Black)
    __x__ Includes Hispanic
    __x__ Includes Asian
_____ Family
__x__ Rural/Urban Residence*
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
__x__ Other Demographic Data
    __x__ Sex
    __x__ Education
__x__ Geographical Area
    __x__ State
    _____ Region
    _____ SMSA
_____ Service Utilization

Disabling Conditions/Functional Limitations

The number of students enrolled in special education is reported within the following categories: educable mentally retarded, trainable mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, specific learning disabled, deaf-blind, multihandicapped.

---

*Data on rural/urban residence could be obtained by matching the school location with census data.

The number of hours of special education required by students in each of the categories listed above is reported as follows: less than 10 hours per week; 10 hours or more, but less than full time; full time.

Prior Use Reports

Elementary and Secondary Schools Civil Rights Survey, 1978—National and State Summaries. Office for Civil Rights, U.S. Department of Education.

Elementary and Secondary Schools Civil Rights Survey, 1980—National and State Summaries. Office for Civil Rights, U.S. Department of Education.

Elementary and Secondary Schools Civil Rights Survey, 1982—National and State Summaries. Office for Civil Rights, U.S. Department of Education.

CIVIL RIGHTS SURVEY OF VOCATIONAL EDUCATION SCHOOLS

Contact

Program Analyst, Surveys Branch
Office for Civil Rights
(202) 732-1569

Sponsor

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Period

As of November 15, 1979 or the nearest date prior to December 15, 1979.

Survey Objective

To monitor and ensure civil rights compliance in programs and activities receiving financial assistance from the Department of Education.

Population Surveyed

Students attending junior and community colleges, area vocational centers and comprehensive high schools.

Survey Size

Approximately 1200 junior and community colleges, 1500 area vocational centers, and 8600 comprehensive high schools in the United States.

Survey Design

All schools designated as vocational education schools by the Office for Civil Rights.

Data Source

Mail survey of designated schools.

Key Variables

___ Age
_x_ Ethnicity (White/Black)
    _x_ Includes Hispanic
    _x_ Includes Asian
___ Family Income
_x_ Rural/Urban Residence*
___ Family Composition
___ Beneficiary Status for Major Federal Programs
___ Other Demographic Data
    ___ Sex
    ___ Education
_x_ Geographical Area
    _x_ State
    ___ Region
    ___ SMSA
___ Service Utilization

Disabling Conditions/Functional Limitations

Mentally retarded, seriously emotionally disturbed, specific learning disabled, speech impaired, deaf-blind, orthopedically impaired, visually handicapped, deaf, hard of hearing, other health impaired, multihandicapped.

Prior Use Report

Vocational Education Civil Rights Survey, 1979—National and State Summaries. Office for Civil Rights, U.S. Department of Education.

---

*Data on rural/urban residence could be obtained by matching the school location with census data.

1980 CHILDREN AND YOUTH REFERRAL SURVEY

Contact

Bob Durst
Operational Analysis Branch
Office for Civil Rights
(202) 472-7937

Sponsor

U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201

Period

As of January 7, 1980.

Survey Objective

To monitor and assure civil rights compliance in public welfare and social service programs responsible for youth referral or for the out-of-home placement of children, and funded by the U.S. Department of Health and Human Services.

Population Surveyed

Public welfare and social service programs responsible for youth referral or for the out-of-home placement of children and funded by the U.S. Department of Health and Human Services. Juvenile justice and mental health agencies were not surveyed.

Survey Size

2,439 public welfare and social service agencies.

Survey Design

The original list of respondents was selected from the 1979 Public Welfare Directory published by the American Public Welfare Association. To ensure that the proper agencies were surveyed, individual states were contacted prior to the mailing and the list of respondents was modified as appropriate.

Data Source

Mail survey.

Key Variables

_____ Age
__x__ Ethnicity (White/Black)
    __x__ Includes Hispanic
    __x__ Includes Asian
_____ Family
__x__ Rural/Urban Residence*
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
_____ Other Demographic Data
    _____ Sex
    _____ Education
__x__ Geographical Area
    __x__ State
    _____ Region
    _____ SMSA
__x__ Service Utilization

Disabling Conditions/Functional Limitations

Mentally retarded; seriously emotionally disturbed; specific learning disabled; hearing, sight or speech impaired; other handicap.

NOTE: Table 54, which gives a breakdown of children in public schools by type of handicapping condition and type of living arrangement, gives statistics for two types of living arrangements which need definition: 1) "Residential treatment": a non-secure 24-hour group residential care facility which provides therapeutic service and/or an environment for emotionally disturbed, mentally retarded, learning disabled, or otherwise handicapped youth (programming may include special education, counseling, psychiatric consultation or therapy); and 2) "Child-care institution": a non-secure 24-hour residential care facility serving 21 or more persons which provides non-specialized physical care and may or may not offer an educational program on site; it includes ranches, boarding schools, camps, etc., as long as they are non-secure.

Prior Use Report

Children and Youth Referral Survey, 1980—National and State Summaries. Office for Civil Rights, U.S. Department of Health and Human Services.

---

*Data on rural/urban residence could be obtained by matching the school location with census data.

ANNUAL CENSUS OF ADDITIONS AND RESIDENT PATIENTS IN STATE AND COUNTY MENTAL HOSPITALS

Contact

Ronald Manderscheid, Ph.D.
Chief
Survey and Reports Branch, DBAS, NIMH
Room 18-C-07
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3343

Sponsor

National Institute of Mental Health (NIMH).

Period

Annually, since 1950; latest year, 1983.

Survey Objective

To describe the utilization patterns of state and county mental hospitals.

Population Surveyed

Persons admitted to (additions) and resident in state and county mental hospitals.

Survey Size

280 facilities.

Survey Design

The list of state and county mental hospitals to be included in the Census is continually updated in consultation with state and county mental health authorities.

Data Source

By agreement with state and territorial mental health authorities, 36 states complete the census form for the hospitals. Hospitals in the other 14 states and 4 territories complete the forms themselves.

Key Variables

- X Age*
- ____ Ethnicity (White/Black)
  - ____ Includes Hispanic
  - ____ Includes Asian
- ____ Family Income
- ____ Rural/Urban Residence
- ____ Family Composition
- ____ Beneficiary Status for Major Federal Programs
- X Other Demographic Data
  - X Sex
  - ____ Education
- X Geographical Area
  - X State
  - X Region
  - ____ SMSA
- ____ Service Utilization

Disabling Conditions/Functional Limitations

Various categories of mental and emotional impairment, including mental retardation; organic brain syndrome associated with various conditions; major affective disorders; neuroses and psychoses; alcohol and drug dependence; transient situational disturbances; adjustment reactions of infancy, childhood and adolescence; behavior disorders of childhood and adolescence; social maladjustments; and other conditions (use of classification schemes in the American Psychiatric Association's Diagnostic and Statistical Manual-III and the International Classification of Diseases, ninth edition; the categories in these schemes were collapsed into 32 categories).

Prior Use Report

Additions and Resident Patients at the End of Year in State and County Hospitals by Age and Diagnosis, State, U.S. 1981. Division of Biometry and Epidemiology, National Institute of Mental Health. (1984).

---

*Breakdowns for children and youth: under 18, 18-24.

SAMPLE SURVEY OF ADMISSIONS TO STATE AND COUNTY MENTAL HOSPITALS

Contact

Ronald Mandersheid, Ph.D.
Chief
Survey and Reports Branch, DBAS, NIMH
Room 18-C-07
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3343

Sponsor

National Institute of Mental Health.

Period

1980.

Survey Objective

To obtain a profile of admissions to state and county mental hospitals.

Population Surveyed

Cohort of admissions to state and county mental hospitals.

Survey Size

4867 admissions, or 1.4 percent of approximately 360,000 admissions reported annually in 156 of the 274 known state and county mental hospitals in the U.S.

Survey Design

Two-stage stratified sample. In the first stage, the hospitals are stratified into four size strata. In the second stage, a probability sample of admissions was selected with a range of probabilities for including admissions from hospitals in each of the strata (from 25 percent for large hospitals to 100 percent for small hospitals). Additionally, in those states having large Indian populations, 100 percent of all admissions to sample hospitals were selected.

Data Source

Mail survey completed by hospital staff based on information in patient medical records. Data collected at the time of admission and as of 3 months following admission.

Key Variables

x Age
x Ethnicity (White/Black)
  x Includes Hispanic
  x Includes Asian
_____ Family Income
_____ Rural/Urban Residence
_____ Family Composition
x Beneficiary Status for Major Federal Programs
x Other Demographic Data
  x Sex
  x Education
_____ Geographical Area
  _____ State
  _____ Region
  _____ SMSA
x Service Utilization

Disabling Conditions/Functional Limitations

Various categories of mental and emotional impairment, including mental retardation; organic brain syndrome associated with various conditions; major affective disorders; neuroses and psychoses; alcohol and drug dependence; transient situational disturbances; adjustment reactions of infancy, childhood and adolescence; behavior disorders of childhood and adolescence; social maladjustments; and other conditions (classification schemes in the American Psychiatric Association's Diagnostic and Statistical Manual II or III and the International Classification of Diseases, ninth edition, were used).

INVENTORY OF MENTAL HEALTH ORGANIZATIONS

Contact

Ronald Manderscheid, Ph.D.
Chief
Survey and Reports Branch, DBE, NIMH
Room 18-C-07
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3343

Sponsor

National Institute of Mental Health.

Period

Biennial; most recent data are from 1983.

Survey Objective

To obtain profiles of psychiatric hospitals, residential treatment centers, outpatient mental health clinics, mental health day/night facilities, community mental health centers, and other mental health facilities.

Population Surveyed

Persons admitted to or resident in mental health facilities.

Survey Size

In 1983, there were about 3,300 mental health organizations including 350 residential treatment centers for emotionally disturbed children, and 280 state and county mental hospitals.

Survey Design

The mailing list of mental health organizations is periodically checked by the state mental health authorities, checked against directories published by private associations, and checked by phone with listed organizations.

Data Source

Mail survey with two mail follow-ups and one phone follow-up. The phone follow-up includes only a core set of survey items.

Key Variables

x Age*
x Ethnicity (White/Black)
  x Includes Hispanic
  x Includes Asian
_____ Family Income
_____ Rural/Urban Residence
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
x Other Demographic Data
  x Sex
  _____ Education
_____ Geographical Area
  x State
  x Region
  _____ SMSA
_____ Service Utilization

Disabling Conditions/Functional Limitations

Mental illness, alcoholism, drug abuse, mental retardation, and an "other" category.

---

*Includes less than 18, 18-64, 65 and over.

BIRTH DEFECTS MONITORING PROGRAM (BDMP)

Contact

Larry D. Edmonds
Division of Birth Defects
and Developmental Disabilities
Center for Environmental Health
Centers for Disease Control
Atlanta, GA 30333
(404) 452-4035

Sponsor

Centers for Disease Control.

Period

Collected in quarterly cycles 1970 to present.

Survey Objective

To monitor the incidence of birth defects and other newborn conditions that signal the need for epidemiological investigations.

Population Surveyed

Children, live-born and still-born, and newborns in hospitals.

Survey Size

955 hospitals or 21.34 percent of live births in 1980.

Survey Design

Self-selected sample of middle size hospitals accounting for 21 percent of U.S. births.

Data Source

Discharge Abstracts are coded by staff in hospital records departments and submitted regularly for processing through the Commission on Professional and Hospital Activities.

Key Variables

N/A Age
x Ethnicity (White/Black)
    _____ Includes Hispanic
    _____ Includes Asian
_____ Family
_____ Rural/Urban Residence
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
x Other Demographic Data
    x Sex
    _____ Education
x Geographical Area
    x State
    x Region
    _____ SMSA
_____ Service Utilization

Disabling Conditions/Functional Limitations

Covers over 161 types of congenital malformations including but not limited to: anencephaly, spina bifida without anencephaly, encephalocele, congenital cataract, cleft palate with and without cleft lip, cystic kidney disease, clubfoot without central nervous system defects, fetal alcohol syndrome, Downs syndrome, congenital rubella.

ANNUAL REPORTS TO CONGRESS ON THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAM

Contact

Barbara Bates
Administration for Children, Youth
and Families
(202) 755-7758

Sponsor

Administration for Children, Youth and Families
DHHS
Box 1182
Washington, DC 20013

Period

Annually, beginning with the 1972-1973 school year. The most recent printed report is the Tenth Annual Report, containing information on the 1981-1982 school year.

Survey Objective

Data are gathered from all Head Start grantees and delegate agencies to obtain information on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children.

Population Surveyed

Children in Head Start programs and delegate agencies excluding summer programs and parent and child centers. Head Start serves children between 3 years and the age of compulsory school attendance; at least 90 percent of the children must be from families with low income.

Survey Size

In 1981-82, 1,767 grantees or delegate agencies provided data. In 1980-81, 1766 grantees or delegate agencies provided data.

A total of 49,991 handicapped children were served in Head Start programs in 1982. The number of handicapped children in 1980-1981 was 45,430.

Survey Design

The survey is designed to elicit information from the entire population (n=1767) of Head Start programs excluding summer programs and parent and child centers. An updated list of these programs is maintained by the Administration for Children, Youth and Families.

Data Source

Data are gathered via a mail survey.

Key Variables

___x___ Age
______ Ethnicity (White/Black)
    ______ Includes Hispanic
    ______ Includes Asian
______ Family Income
______ Rural/Urban Residence
______ Family Composition
______ Beneficiary Status for Major Federal Programs
______ Other Demographic Data
    ______ Sex
    ______ Education
___x___ Geographical Area
    ___x___ State
    ___x___ Region
    ______ SMSA
___x___ Service Utilization

Disabling Conditions/Functional Limitations

Children reported in this census must have one of the following handicapping conditions (as diagnosed by appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses): blindness, visual impairment, deafness, hearing impairment, physical handicap, speech impairment, health impairment, mental retardation, serious emotional disturbance, specific learning disability.

In addition, specific types of disabilities are reported within some of the above categories (e.g., minimal brain dysfunction is a type of specific learning disability that may be reported).

By reason of having one of the above disabilities, all children reported for this census require special education and related services.

Prior Use Reports

First Annual Report to Congress on the Status of Handicapped Children in Head Start Programs, 1975 through the Tenth Annual Report to Congress on the Status of Handicapped Children in Head Start Programs, 1984.

SELECTED SERVICES OF STATE MATERNAL AND CHILD HEALTH UNITS (MCHU's): 1982

Contact

Mary Beth Kough
Public Health Foundation (PHF)
1220 L Street, NW
Suite 350
Washington, DC 20005
(202) 898-5600

Sponsor

Public Health Service and Centers for Disease Control
Department of Health and Human Services

Period

Annually, beginning in 1977 with substantial revisions in 1982 and 1983.

Survey Objective

In the absence of federally mandated reporting requirements these data are collected in order to maintain a voluntary, uniform, national information base on state health agency services and expenditures.

Population Surveyed

Infants, mothers, pre-school and school-age children served in various health categories.

Survey Size

57 state and territorial health agencies. Several states failed to report data in recent years since there is no legal mandate for reporting.

Survey Design

Maternal and child health are provided through the state health agencies primarily to women and children who do not receive adequate care or who are at risk of disease.

Data Source

Mail survey. Data tables are prepared by PHF and verified by the States prior to publication.

Key Variables

__x__ Age
__x__ Ethnicity (White/Black)
  __x__ Includes Hispanic
  __x__ Includes Asian
_____ Family Income
_____ Rural/Urban Residence
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
__x__ Other Demographic Data
  __x__ Sex
  _____ Education
__x__ Geographical Area
  __x__ State
  _____ Region
  _____ SMSA
__x__ Service Utilization

Disabling Conditions/Functional Limitations

Data are provided on the number of children receiving the following types of assessments: physical, vision, hearing, dental, scoliosis, developmental, nutritional status, sexually transmitted diseases, and substance abuse. No other information is provided on types of disabilities or functional limitations of children receiving services.

SELECTED SERVICES OF STATE CRIPPLED CHILDREN'S AGENCIES (SCCA'S)

Contact

Mary Beth Kough
Public Health Foundation (PHF)
1220 L Street, NW
Suite 350
Washington, DC 20005
(202) 898-5600

Sponsor

Public Health Service and the Centers for Disease Control
Department of Health and Human Services

Period

Annually beginning in 1977 with major revisions to the reporting instrument for the 1982 cycle.

Survey Objective

In the absence of federally mandated reporting requirements, these data are collected in order to maintain a voluntary, uniform information base on state crippled children's services.

Population Surveyed

57 state crippled children's agencies.

Survey Size

57 state crippled children's agencies. However, during the first two years several states did not report data (since reporting is not mandated).

Survey Design

Survey of all SCCA's. SCCA's were established to provide services to handicapped children but also provide a variety of related, indirect services (e.g., professional training, technical assistance). Data tables are prepared by PHF and verified by the states prior to publication.

Data Source

Mail survey.

Key Variables

__x__ Age
_____ Ethnicity (White/Black)
  _____ Includes Hispanic
  _____ Includes Asian
__x__ Family Income
_____ Rural/Urban Residence
_____ Family Composition
__x__ Beneficiary Status for Major Federal Programs
_____ Other Demographic Data
  _____ Sex
  _____ Education
__x__ Geographical Area
  __x__ State
  _____ Region
  _____ SMSA
__x__ Service Utilization

Disabling Conditions/Functional Limitations

PHF tabulates data received from the state agencies according to the following categories: chronic medical, other medical/surgical, mental retardation, emotional disturbances, learning disorders, other neuropediatric development, orthopedic, cardiac, orofacial and dental, vision, hearing, speech/language, unknown.

ANNUAL SURVEY OF HEARING IMPAIRED STUDENTS ENROLLED IN SPECIAL EDUCATION

Contact

Arthur Schildroth
Center for Assessment and Demographic Studies
Gallaudet College
7th and Florida Avenue, NE
Washington, DC 20002
(202) 651-5300

Sponsor

Gallaudet College.

Period

Data collection is conducted annually for each school year, beginning in 1968-1969. The most recent period for which data are available is for the 1983-1984 school year.

Survey Objective

Developed initially to establish national, baseline data on hearing impaired students, the data have been used for: analyses by independent investigators; selecting well-described national samples to study particular student characteristics and achievement; and providing participating programs with data describing their students in comparison with national, state, and regional distributions.

Population Surveyed

Chiefly hearing impaired youth attending institutional and special educational programs.

Survey Size

In the 1982-83 school year, approximately 1100 of 1570 known reporting sources (a school or school system) provided information on 55,136 children.

Survey Design

Eligible survey participants were identified: (1) from all programs listed in the April reference issue of the *American Annals of the Deaf,* (2) by contacting state special education directors to add to the above list, and (3) by contacting key informants and following up on references given by above programs and persons contacted. Through this procedure a list of 1500-1600 reporting sources is developed. These sources may be an individual school or program, or a school system.

Data Source

Data are gathered via a one-page questionnaire for each student completed by school personnel.

Key Variables

_x_ Age
_x_ Ethnicity (White/Black)
    _x_ Includes Hispanic
    _x_ Includes Asian
___ Family Income
___ Rural/Urban Residence
___ Family Composition
___ Beneficiary Status for Major Federal Programs
_x_ Other Demographic Data
    _x_ Sex
    _x_ Education
_x_ Geographical Area
    _x_ State
    _x_ Region
    _x_ SMSA
_x_ Service Utilization

Disabling Conditions/Functional Limitations

Six levels of hearing loss. Age at onset of hearing loss (at birth or under three years; three years of age or older; unknown). Presence of an educationally significant handicapping condition in addition to hearing impairment (legal blindness; uncorrected visual problem; brain damage or injury; epilepsy; orthopedic impairment; cerebral palsy; heart disorder; other health impairment; mental retardation; emotional/behavior problem; specific learning disability; other).

Prior Use Reports

Jensema, C. and Trybus, R. *Communication Patterns and Educational Achievement of Hearing Impaired Students.* Washington, DC: Gallaudet College, Office of Demographic Studies (1978).

Jensema, C and Trybus, R. *Reported Emotional/Behavior Problems among Hearing Impaired Children in Special Education Programs: United States, 1972-73.* Washington, DC: Gallaudet College, Office of Demographic Studies (1975).

Karchmer, M. and Kirwin, L. *Usage of Hearing Aids by Hearing Impaired Children in the United States.* Washington, DC: Gallaudet College, Office of Demographic Studies (1977).

Rawlings, B.W. and Trybus, R.J. Personnel, Facilities, and Services Available in Schools and Classes for Hearing Impaired Children in the United States. *American Annals of the Deaf Directory of Programs and Services,* (1978), 123, 99-114.

Rubella and Non-rubella Deaf Students by Region and by State. *Deafness and Rubella: Entrants in the 60's, Adults in the 80's, (Highlights of a National Conference on Eisenhower College Campus, Rochester Institute of Technology).* Rochester, New York: Rochester Institute of Technology (1980).

Trybus, R., Karchmer, M., Kerstetter, P., and Hicks, W. The Demographics of Deafness resulting from Maternal Rubella. *American Annals of the Deaf,* (1980), 125, 977-984.

Contact the Center for Assessment and Demographic Studies for information on other reports.

REGISTRATION OF BLIND PUPILS

Contact

June Morris
American Printing House for the Blind
P.O. Box 6085
Louisville, KY 40206
(502) 895-2405

Sponsor

American Printing House for the Blind.

Period

Annual census which began in 1880, reflects the number of blind pupils as of the first Monday in January of each year.

Survey Objective

Primary Objective:

To obtain a count of all legally blind students at less than the college level.

Secondary Objective:

To provide the necessary information for the distribution of federal funds among state departments of education, residential schools for the blind, and public or private nonprofit educational programs.

Population Surveyed

Students enrolled in public, private nonprofit, parochial, and residential schools, or through commissions for the blind, and trainees enrolled in rehabilitation centers.

Survey Size

Currently, there are approximately 160 reporting sources. The numbers of blind students counted by the census over the last six years are: 1979, 33,061; 1980, 34,814; 1981, 36,397; 1982, 38,249; 1983, 41,145; 1984, 44,313.

Survey Design

Not applicable.

Data Source

Questionnaires are mailed to state education agencies, residential schools for the blind, and other education and rehabilitation agencies and facilities which vary with each state.

Key Variables

x Age*
____ Ethnicity (White/Black)
  ____ Includes Hispanic
  ____ Includes Asian
____ Family
x Rural/Urban Residence**
____ Family Composition
____ Beneficiary Status for Major Federal Programs
____ Other Demographic Data
  ____ Sex
  ____ Education
x Geographical Area
  x State
  ____ Region
  ____ SMSA
____ Service Utilization

Disabling Conditions/Functional Limitations

All pupils reported in the census must be legally blind. Grade level and primary reading medium are reported for each pupil. Until the 1984 data collection year, the following additional disabilities were also reported: cerebral palsy, deaf-blind, physically handicapped, mentally retarded, slow learner, learning disabled, and multi-handicapped.

---

*Grade level.

**Can be derived from location of school system.

AMERICAN COLLEGE TESTING (ACT) PROGRAM DATA

Contact

Joan Laing and Merine Farmer
(319) 337-1000

Sponsor

American College Testing Program
P.O. Box 168
Iowa City, IA 52243

Period

Annually beginning in 1967-1968 to date (1982-83).

Survey Objective

The ACT is used by students for the purpose of college planning, and by some colleges and universities as an admissions criterion. The test allows students to compare their level of educational development with that of other ACT-tested college bound examinees.

Population Surveyed

Students planning to attend college.

Survey Size

Approximately one million students take the test each year. 888,040 took the test in 1982-1983 of which 6,290 indicated that they had a handicapping condition that might require special services from the college they would attend.

Survey Design

Under standard conditions, examinees use regular-print test booklets and take the four subject-area tests in a timed test session of approximately three hours. Some examinees with disabilities, however, are unable to take the assessment under standard testing conditions. ACT provides special test forms and special testing arrangements (e.g., test printed in larger type, braille, or cassette form, and makes other special provisions for examinees to record answers) so that examinees with disabilities may take the ACT assessments.

Data Source

Tests administered at a testing center or administered individually to handicapped persons by approved special test supervisors.

Key Variables

_____ Age
_____ Ethnicity (White/Black)
    _____ Includes Hispanic
    _____ Includes Asian
_____ Family Income
_____ Rural/Urban Residence
_____ Family Composition
_____ Beneficiary Status for Major Federal Programs
__x__ Other Demographic Data
    __x__ Sex
    _____ Education
_____ Geographical Area
    _____ State
    _____ Region
    _____ SMSA
_____ Service Utilization

Disabling Conditions/Functional Limitations

Data are available on disabled examinees who did not require special ACT testing (with breakdowns for those who did and did not indicate they might need special services from the college they planned to attend), and for three groups of examinees requiring special ACT testing: physical and learning disabilities (data on examinees with physical disabilities will be separated from data on examinees with learning disabilities beginning with the 1983-84 testing year), visual disabilities, and auditory disabilities.

Data on self-reported high school grades and ACT percentile ranks are given for examinees with disabilities.

Prior Use Report

Laing, J., Farmer, M. (1984). *Use of the ACT Assessment by Examinees with Disabilities* (ACT Research Report No. 84), Iowa City, Iowa: The American College Testing Program.

PART V: SELECTED BIBLIOGRAPHY

____________ *International classification of impairments, disabilities, and handicaps.* Geneva: World Health Organization, 1980. A classification scheme is presented for impairments, disabilities and handicaps. These health conditions are considered as sequentially related consequences of disease and each is treated separately. Each condition or "axis" is defined and a description of characteristics is given. This is followed by a two-digit code of groups or types of each axis. Further subdivisions within each code are presented as is guidance on assignment of categories. The scheme is introduced by a description of its purpose, method and rationale. It is seen as a companion to the International Classification of Disease (ICD) and is especially useful for planners. The handicap axis differs from the ICD as handicap is defined as discordance between individual ability and performance of expected social roles.

____________ *Report of the subcommittee on definition of neurological impairments.* Albany, New York: The New York State Advisory Council on Mental Retardation and Developmental Disabilities, October 1980. A subcommittee of the New York State Advisory Council on Mental Retardation and Developmental Disabilities prepared this report summarizing their recommendations regarding the appropriate definition of "neurological impairments." Issues relating to the impact of the definition are discussed and a new definition is recommended. This definition utilizes a functional rather than categorical description. Summary recommendations are presented including the use of "other neurological impairments" rather than "neurologically impaired," use of the International Classification of Disease to provide a framework for identification and classification of specific neurological impairments, a process for client diagnosis and assessment, increase in prevention activities, and adoption of a functional definition of developmental disabilities.

____________ *Selected data from the Census disability survey pretest.* Washington: U.S. Bureau of the Census, September 1981. This report presents data drawn from a pretest of a survey of characteristics of the disabled population which was planned as a followup to the decennial census. The pretest was conducted in 1980 in Richmond, Virginia. Of the 1984 households designated for interview, 992 contained at least one disabled person who was later interviewed. Tables are presented according to type of limitation or disability, and by age, sex, race, labor force status, characteristics of current job, depression and health status, need for housing modifications, use of furniture, ability to use selected forms of transportation, receipt of rehabilitation services and perceived benefits of same. Also presented are statistics on the use of special aids, and data on reinterviews.

Abramowicz, H.K. and Richardson, S.A. Epidemiology of severe mental retardation in children: Community studies. *American Journal of Mental Deficiency, 1975, 80,* 18-39. Twenty-seven community studies of severe mental retardation (defined as IQ less than 50) were reviewed. The prevalence rate of this condition was about 4 per 1000 in older children; the rate was somewhat higher in males but did not vary by social class. About one-half of severely retarded children had significant associated handicaps. The cause of most cases of severe mental retardation is not known, but Down's syndrome accounted for one-sixth to one-third of cases, and a small percentage were due to other chromosomal abnormalities, metabolic diseases, or infection.

Bailar, Barbara A.; Herriot, Roger A.; and Passel, Jeffrey S. The quality of federal censuses and surveys. *Review of Public Data Use, 10,* 203-218. Data collected in Federal censuses and surveys are used for a variety of purposes, two prime uses being the generation of policy and the fulfillment of legal mandates. If data are used to make public policy, there is need for high quality. In this paper, quality is evaluated first by examining the coverage of certain universes since many public programs are dependent on the size of certain groups. Quality is also assessed by evaluating the variances, biases, and timeliness of specific data items including income and ethnicity.

Black, Ethel R. Use of special aids: United States-1977. *Vital and Health Statistics, October 1980, 10,* (135). Statistics on the distribution and use of artificial limbs, braces, crutches, canes or walking sticks, special shoes, wheelchairs, walkers, and other special aids for getting around. Based on data collected in the National Health Interview Survey in 1977.

Blackman, James A. *Medical aspects of developmental disabilities in children birth to three.* Iowa City: University of Iowa, 1983. This manual seeks to provide an accessible, easy to understand resource on those conditions, tests, and other health care issues that are relevant to infants and young children with developmental disabilities. Topics are arranged alphabetically for ease of reference and were selected on the basis of a survey of professionals who deliver services in early intervention and education programs. This manual is not a resource for education and therapeutic techniques. It is a summary of that health information which is important to the care of a particular child, with special emphasis on those aspects of a condition which affect day-to-day functioning.

Bowering, Daving J. (ed.). *Secondary analyses of available data bases.* San Francisco: Jossey-Bass, Inc., June 1984. An introduction to a number of data bases currently available and useful for secondary data analysis. Instructions on how to locate them and adapt them for use are presented, as well as instructions for setting up files. An example of preparing secondary data analyses is shown along with a case study on impact analysis using an integrated data base.

Boyd, Jeffrey, et al. Exclusion criteria of DSM III. *Archives of General Psychiatry,* October 1984, *41,* 983-989. The diagnostic criteria of the third edition of the DSM-III often state that one diagnosis cannot be made if it is "due to" another disorder. Using data from the National Institute of Mental Health Diagnostic Interview Schedule, with a sample of 11,519 subjects from a community population, the researchers found that if two disorders were related to each other according to the DSM-III exclusion criteria, then the presence of a dominant disorder greatly increased the odds of having the excluded disorder. They also found that disorders which DSM-III says are related to each other were more strongly associated than disorders which DSM-III says are unrelated. However, they also found there was a general tendency toward co-occurence, so that the presence of any disorder increased the odds of having almost any other disorder, even if DSM-III does not list it as a related disorder. They concluded that empirical studies are needed to study the assumptions underlying the use of the diagnostic hierarchy.

Colvez, Alain and Blanchet, Madeleine. Disability trends in the United States population 1966-76: Analyses of reported causes. *American Journal of Public Health,* May 1981, *71,* (5), 464-471. According to data published by the U.S. National Center for Health Statistics, disability reported among the U.S. population has increased substantially during the years 1966 to 1976. Among younger age groups, the increase in activity limitation involves visual and hearing impairments as well as asthma. Although the U.S. population increased by 10 percent, the number of persons permanently limited in their activities because of health conditions increased by 37 percent, with a much larger proportion of those disabled claiming to be unable to carry on their main activity. Changes in health survey procedures and changes in standards used by respondents to rate their health status are not believed to account for these findings.

Czajka, John L. *Digest of data on persons with disabilities.* Mathematica Policy Research, Inc. Washington: Congressional Research Service, Library of Congress, June 1984. This document is a compilation of both published and previously unpublished statistical data on persons with disabilities and includes such topics as impairments, work disabilities, limitation of activity, and employment. Data are presented in table and chart form. Highlights and explanatory notes accompany each table to assist the reader in interpreting the data.

Eisen, Marvin; Donald, Cathy A.; Ware, John E., Jr.; and Brook, Robert H. *Conceptualization and measurement of health for children in the health insurance study.* Santa Monica, California: Rand Corporation, May 1980. In the Health Insurance Study (HIS), ratings of physical, mental, social and general health perceptions for children aged 0-13 were obtained annually from parents by questionnaire to test hypotheses regarding the effects of differences in health care financing arrangements (i.e., different coinsurance and deductible rates, and fee-for-service versus prepaid group practice) on health status. This volume discusses the conceptualization and measurement of health of children in general populations based on HIS measures of physical, mental, social, and general health perceptions. It also provides: (1) a framework for better understanding the strengths and shortcomings of HIS health status measures for children; (2) a description of the conceptualization and measurement of children's health status adopted in the HIS and of the results of administering these measures at enrollment in all six study sites; (3) a discussion of the findings as they relate to previous literature, and suggestions regarding work that is needed to clarify their meaning and how they could be used in other studies.

Eisen, Marvin; Ware, John E., Jr.; Donald, Cathy A.; and Brook, Robert H. *Measuring components of children's health status.* The Rand Paper Series. Santa Monica, California: Rand Corporation, April 1979. Measures of physical, mental, and social components of health status and general health ratings were studied for children ages 0-4 (N=679) and 5-13 (N=1473). Questionnaires were completed by adult proxies (usually mothers) in three generally healthy populations. Hypothesized multi-item scales were tested, reliability was estimated, and preliminary attempts at validation were undertaken. Items in ten scales pertaining to mental health (anxiety, depression, positive well-being, mental health index), social health (social relations), general health ratings (current health, prior health, resistance/susceptibility to illness, general health rating index), as well as parental satisfaction with child development satisifed Likert-type and discriminant validity criteria. Because functional limitation items were endorsed for very few children, scales to measure physical health could not be tested. Almost all other scales were sufficiently reliable for group comparisons; reliability coefficients were lower in the most disadvantaged population. Interrelationships among scales and validity variables generally supported their construct validity and supported a multi-component model of children's health status.

Feller, Barbara A. Americans needing help to function at home. *Advance Data* 92. Hyattsville, Maryland: National Center for Health Statistics, U.S. Department of Health and Human Services, September 1983. A statistical portrait is drawn from selected data of the Home Care Supplement to the 1979 National Health Interview Survey of the noninstitutionalized population of the U.S. who require differing types of home care services due to chronic health problems in order to live in the community. Estimates of numbers and rates of people in the community who need help are presented by the type of help needed and by age and sex. Overall about 4.9 million adults need the help of another person in carrying out everyday activities. The need for help of another person increases sharply with age especially among the elderly. The need for help is examined with respect to basic physical activities such as walking or dressing, home management activities such as shopping or money handling, trouble in controlling bowel movements, or for adults who are bedridden.

Fishman, S. Why uniform reporting systems? *The People's Health: Facts, Figures and the Future.* Public Health Conference on Records and Statistics. Washington: Office of Health Research, Statistics and Technology, U.S. Department of Health, Education and Welfare, August 1979. Current reporting systems do not permit the establishment of case mix indices, nor payment on the basis of diagnoses, both of which are necessary for a hospital cost containment law. There is much duplication of data from different sources. Uniform reporting systems may solve these problems, help explain broad discrepancies in charges for the same illness, and raise better questions about the delivery of health services.

Freedman, Daniel. Psychiatric epidemiology counts. Editorial. *Archives of General Psychiatry,* October 1984, *41,* 931-933. A positive appraisal of the NIMH Epidemiologic Catchment Area program is given; its history, purpose, findings, and importance are presented. Methodological problems and prospects for further research are reviewed. The importance of epidemiologic research to general psychiatric research is considered as is the accuracy and utility of the data from this program.

Gallin, R.S. and Given, C.W. The concept and classification of disability in health interview surveys. *Inquiry*, December 1976, *13,* 395-407. Given the accumulation of methods to solve the problems of disease and need for comparative data on disability, the authors have reviewed the classification systems of disability of several major studies. The purpose of this review is to: (1) compare these classifications and measurement schemes; (2) describe the ways in which they have been influenced by different purposes; (3) discuss their advantages and disadvantages; and (4) provide information that will advance understanding of the use of the concept of disability as a measure of health. The review is organized into two sections. In the first section the authors consider classification systems that describe the general effects of illness or injury. In the second section they consider classification systems that describe the specific effects of long-term or chronic conditions. This second section is subdivided into three parts to permit categorization of different systems for classifying long-term disability. In the first part, classification systems are considered that describe the extent to which individuals are limited in their ability to carry on the major activity considered appropriate for their age and/or sex. In the second part classification systems are considered that describe the extent to which individuals are limited in walking, mobility, and/or their ability to perform self-care activities. In the third part the authors consider a system that combines measures of activity or functional capacity with categories of disease.

Gortmaker, Steven L. and Sappenfield, William. Chronic childhood disorders: Prevalence and impact. *Pediatric Clinics of North America*, February 1984, *31*, (1), 3-18. Aggregated estimates of the prevalence of chronic diseases in children drawn from many sources are presented. A key factor associated with an increase in prevalence of some diseases is the increased survival of children with any chronic disease, and especially of children with low birthweights. As acute diseases have declined in frequency, the incidence of childhood chronic disorders has increased in the typical pediatric practice. Responsibilities of the primary care physician may grow to include coordination of the many services utilized by these children. Other implications of the rates and working definitions of the diseases are presented.

Kiely, J.L.; Paneth, N.; and Susser, M. Low birthweight neonatal care and cerebral palsy: An epidemiological review: I. In Mittler, P. (ed.), *Frontiers of Knowledge in Mental Retardation, II,* 93-106. Baltimore, Maryland: University Park Press, 1981. This paper reviews the epidemiological literature on the prevalence of cerebral palsy, including age, sex, and race prevalence rates. The distribution of cerebral palsy as a function of both diagnosis and intellectual level is also reviewed. Trends in the level of cerebral palsy from 1925-1976 are considered, with particular reference to improvements in perinatal intensive care. The roles of low birthweight and intrauterine growth retardation as contributing causes of cerebral palsy are reviewed.

Kiely, Michele and Lubin, R.A. *Estimating the prevalence of persons with developmental disabilities in New York State.* New York: New York State Institute for Basic Research in Developmental Disabilities, 1983. An extensive literature review on the prevalence of mental retardation, autism, cerebral palsy and epilepsy is presented with special emphasis on the basis for variations in prevalence that are attributable to age, sex, level of functioning, and diagnostic specificity. Also provided is a discussion of the methodological issues to consider in estimating the prevalence of developmental disabilities. This is followed by an investigation of prevalence rates of the developmental disabilities in New York State. This study utilizes a statistical technique for improving local estimates.

Kirchner, Corrine. Special education for visually handicapped children: A critique of data on numbers served and costs. *Visual Impairment and Blindness, Statistical Brief*, May 1983, *77,* (5), 219-223. This article compiles and assesses statistics on the numbers of visually handicapped children served under federal special education legislation and critiques a recent study of the costs of special education. State reports on numbers of special education students served may over identify mildly handicapped children according to the U.S. General

Accounting Office. State data are compared to those of the American Printing House for the Blind, which uses legal blindness as a criterion. Numbers are fairly close suggesting underreporting by the states whose criteria are more inclusive. Explanations and implications of the undercount are offered, as is a discussion of the inclusion of the visually handicapped in mentally handicapped or learning disabled categories. The Rand study on the cost of special education is summarized and its limitations are considered.

Kirchner, C. and Lowman, C. *Statistical Brief #1, Sources of variation in the estimated prevalence of visual loss.* Visual Impairment and Blindness, October 1978, *72,* 329-333. A comparison of the Model Reporting Area for Statistics on Blindness (MRA) and the National Center for Health Statistics Health Interview Survey as methods for estimating prevalence of visual loss is presented. The MRA measures impairment as defined by the eyes' performance in standardized tests. As an objective measure it reveals a greater percentage of impairment for those under age 45, although both methods show increased prevalence with aging, especially among women. The National Center for Health Statistics Health Interview Survey is a household survey which measures disability defined functionally, i.e. whether the respondent can read newsprint. This method can be especially useful to guide outreach or program planning. Until indexes are created which combine a variety of measures reflecting both ocular ability and individual abilities, it is recommended that at least two types of estimates be used.

Kovar, Mary Grace and Meny, Denise J. *Better health for our children: A national strategy, III.* The report of the Select Panel for the Promotion of Child Health to the United States Congress and the Secretary of Health and Human Services. Washington: U.S. Department of Health and Human Services, 1981. This report to the U.S. Congress on the promotion of child health presents a series of tables tabulated from national surveys on data related to children's health. Included are tables of rates on: fertility, mortality, health care practices, diet, measures of health, utilization of health resources, types of health care services available and health care cost and financing. The tables are introduced by a text which highlights and analyzes some of the data. There is an increase of women in the labor force and numbers of younger children with working mothers, especially among black children. There is also an increase in single parent families which is associated with a higher proportion of children coming from low-income families. Fertility rates are declining which may in part be due to more women postponing their first pregnancy. Use of contraceptives is examined as are the differential uses of medical care. Women in greatest need of care were least likely to receive care. Other environmental and social factors influencing health care are presented as are rates of actual health disorders.

Laing, Joan and Farmer, Merine, *Use of the ACT assessment by examinees with disabilities.* Research Report #84. Iowa City: ACT Publications, April 1984. This report summarizes selected information from ACT records (1978-79 through 1982-83) for five groups of ACT Assessment examinees: examinees who indicated that they did not have a disability that might require special services from the college they planned to attend, examinees who indicated that they did have a disability that might require special services from the college they planned to attend, examinees who were specially tested because of motor (physical and learning) disabilties, examinees who were specially tested because of visual disabilities, and examinees who were specially tested because of auditory disabilities. Self reported high school grades, ACT assessment scores, and accuracy of predicted college grades are discussed. The final section of the paper includes recommendations for further research.

Leckman, J.F.,; Sholomskas, D.; and Thompson, W.D. Best estimate of lifetime diagnoses: A methodological study. *Archives of General Psychiatry*, 1982, *39*, 879-883. It is important for genetic, epidemiologic, and nosological studies to determine accurate rates of lifetime psychiatric diagnoses in patient and non-patient populations. As part of a case-control family study of major depression, lifetime psychiatric diagnoses were made for 1,878 individuals. Sources of information used in making diagnostic estimates included direct interview, medical records, and family history data systematically obtained from relatives. Diagnostic estimates were made by trained interviewers, experienced clinicians, and by computer program. The results indicate that it is possible to make lifetime, best-estimate diagnoses reliably among both interviewed and noninterviewed individuals for most diagnostic categories, and that diagnoses based on interview data alone are an adequate substitute for best-estimate diagnoses based on all available information for a limited number of diagnostic categories.

Lindberg, Dennis and Putnam, Joanne. *The developmentally disabled of West Virginia: A profile of the substantially handicapped who are not in institutions.* Report of the West Virginia Developmental Disability Needs Survey Project. Elkins, West Virginia: Davis and Elkins College, December 1979. Socioeconomic data from the 1970 census were obtained for 59,692 West Virginians in order to estimate the prevalence of the non-institutionalized developmentally disabled population by means of a household survey. This is a follow-up of a similar study done by the authors in 1976. Using a functional definition of developmental disability, the overall state prevalence rate of DD found was 6.48 per thousand. Tables are presented for the number of functional limitations, age distribution, education, other impairments, and functional levels among the developmentally disabled. Data indicate that there are gaps in service. Low population density may contribute to this problem and some solutions are offered.

MacEachron, Ann E. and Krauss, Marty W. A national survey of handicapped children receiving services: Prevalence rates and service patterns in

1977. *Children and Youth Services Review,* 1983, *5,* 117-134. In comparison with the first national Children's Bureau Survey in 1961, the 1977 Children's Bureau Survey indicates that while the percentage of children receiving social services who were handicapped (emotionally disturbed, mentally retarded,and physically handicapped) has declined slightly, the absolute number receiving services has more than doubled. The development of many specialized services as well as a broadened definition of social services since 1961 probably accounts in large part for this trend. Public social services received followed three general patterns: (a) an overall emphasis on serving families and children together rather than only children, a goal of both social services and of specialized services for handicapped children; (b) a greater likelihood of placing handicapped children in out-of-home placements; and (c) a greater likelihood of placing mentally retarded children in out-of-home placements and, not unexpectedly therefore, of their families receiving fewer supportive and supplemental services.

Meltzer, J.W. and Hochstim J.R. Reliability and validity of survey data on physical health. *Public Health Reports,* 1970, *85,* (12), 1075-1086. The Human Population Laboratory of the California State Department of Public Health conducted two methodological studies. The first was designed to determine how consistently people answer questions about their health when a survey is repeated after a short interval. A sample of 1530 adults completed two identical self-administered questionnaires on their disabilities, chronic illnesses, impairments and symptoms about one week apart. The chronic illnesses were the most reliably reported with a 6 percent drop on the second survey. Symptoms and impairments were less reliably reported with a 13 percent drop. Altogether 96 percent of the original responses were repeated on the second form showing a very satisfactory degree of reliability. The second study measures how closely information collected by survey forms agrees with that obtained from clinical records. Data on chronic physical complaints were collected by self-administered questionnaires from a probability sample of adults. A record check on respondents who had been receiving care through a prepaid health plan was conducted to investigate the extent of agreement between medical records and self reported complaints on the survey. 54 percent of the chronic conditions reported by questionnaire were reported in their clinical records. Other complaints were less likely to appear in the records than the questionnaires. Discrepancies can be related to incomplete medical records, differences in recording among physicians, partial use of the health plan by respondents, and to vagaries in patients' response. Other conditions were less likely to appear.

Morgen, David. Prevalence and type of handicapping conditions found in juvenile correctional institutions: A national survey. *Journal of Special Education,* 1979, *13,* (3), 283-295. P.L. 94-142 mandates services for the (a) educable mentally retarded, (b) trainable mentally retarded, (c) hard of hearing, (d) deaf, (e) visually handicapped, (f) blind, (g) speech impaired, (h) emotionally handicapped, (i) specific learning disabled, (j) orthopedically handicapped, and (k) other health impaired children. The act specifically includes handicapped children in juvenile correctional institutions. There is, however, little comprehensive information available as to the present number of these children or the level of education being provided to them. It was felt that this information would be useful with regard to both the question of appropriate education and issues of preventative interventions. A survey was undertaken of all handicapped juvenile offenders committed to state correctional facilities throughout the United States and its territories. Response was extremely high (over 200 facilities). Survey information included statistics related to educational participation, teacher-pupil ratios, fiscal expenditures, and population levels. Findings revealed an excessive number of handicapped children in juvenile correctional institutions (42.4 percent). The most prevalent types of handicaps were (a) educable mentally retarded, (b) seriously emotionally disturbed, and (c) specific learning disabled.

Neer, W.L.; Foster D.A.; Jones, J.C.; and Reynolds, D.A. Socioeconomic bias in the diagnosis of mental retardation. *Exceptional Children,* September 1973, *40* 38-39. This study explored the relationship between socioeconomic status and the diagnosis of mental retardation in children. The hypotheses tested the possible operation of a diagnostic bias by clincians as a function of an implicit assumption of an IQ-socioeconomic status relationship. It was found that a child with an IQ score within the mild range of mental retardation and from a low socioeconomic status group is more likely to be diagnosed as mentally retarded than his counterpart from a middle or high socioeconomic class.

Newacheck, Paul W.; Budetti, Peter P.; and McManus, Peggy. Trends in childhood disability. *American Journal of Public Health,* March 1984, *74,*(3), 232-236. This article summarizes and analyzes possible explanations for the near doubling, since 1960, of the proportion of children with limitations of activity due to chronic illness as reported in the National Health Interview Survey (NHIS). The authors examine several possible explanations for the upward trend in prevalence including: changes in survey design and procedures; changes in awareness of chronic illness on the part of parents and physicians; and changes in the institutionalized population of disabled children. Their analysis indicates that only a small part of the trend can be explained directly by these factors. Further examination of the NHIS data reveals that the types of limitations of activities now reported are less likely to cause frequent confinement in bed; whether this indicates lesser severity or principally different types of chronic conditions is as yet unclear.

Regier, D.A.; Myers, J.K.; Kramer, M.; Robins, L.N.; et al. The NIMH Epidemiologic Catchment Area Program: Historical context, major objectives, and study population characteristics. *Archives of General Psychiatry*, 1984, *41*, 934-941. The National Institute of Mental Health multi-site Epidemiologic Catchment Area (ECA) program is described in the context of four previous psychiatric epidemiologic surveys which included a combined otal of 4,000 subjects from Stirling County (St. Louis), the Baltimore Morbidity Study, midtown Manhattan, and the New Haven third-wave survey. The ECA program is distinguished by its sample size of at least 3,500 subjects per site (about 20,000 total); the focus on DSM-III-defined mental disorders; the one-year reinterview-based longitudinal design to obtain incidence and service use data; the linkage of epidemiologic and health service use data; and the replication of design and method in multiple sites. Demographic characteristics of community and sample populations are provided for New Haven, Baltimore, and St. Louis.

Robins, L.; Helzer, J.E.; Weismann, M.M.; and Ovraschel, H., et al. Lifetime prevalence of specific psychiatric disorders in three sites. *Archives of General Psychiatry*, October 1984, *41*, 949-958. Lifetime rates are presented for 15 DSM-III psychiatric diagnoses evaluated in three large household samples on the basis of lay interviewers' use of the Diagnostic Interview Schedule. The most common diagnoses were alcohol abuse and dependence. Disorders that most clearly predominated in men were antisocial personality and alcohol abuse and dependence. Disorders that most clearly predominated in women were depressive episodes and phobias. The age group with the highest rates for most disorders was found to be young adults (aged 25-44 years). Correlates with race, education, and urbanization are presented.

Siemiatycki, Jack. A comparison of mail, telephone,and home interview strategies for household health surveys. *American Journal of Public Health*, March 1979, *69*, (3), 238-245. The method of data collection in household health surveys can be a major determinant of cost and data quality. A survey strategy can be comprised of telephone or home interview methods, individually or in combination to follow up non-respondents. The purpose of this study in Montreal was to compare cost and data quality of various strategies. Strategies which began with mail or telephone contact, followed by the two other methods, provided response rates as high as a home interview strategy (all between 80 and 90 percent), for one half the cost of home interviews when used as the sole method. The telephone response rate was higher than the mail response rate. Comparing different follow-up approaches to strategies beginning with mail or telephone, it proved less costly and equally effective to use home interviewing as a last resort for persistent non-respondents. Validity of response (comparing individual responses with records of a government health insurance data bank) and willingness to answer sensitive questions were greatest in the mail strategy.

Smyth-Staruch, Kathleen; Breslau, Naomi; Weitzman, Michael; and Gortmaker, Steven. Use of health services by chronically ill and disabled children. *Medical care*, April 1984, *22*, (4), 310-327. Hospitalization and use of outpatient health care services during a one-year period by 369 pediatric patients with cystic fibrosis, cerebral palsy, myelodysplasia, or multiple physical handicaps and 456 randomly selected children without congenital conditions from the Cleveland area were examined. Use of hospitalization and outpatient services by the average chronically ill or disabled child was 10 times that of the average comparison child. Physician specialists, occupational and physical therapists, and school nurses were the major outpatient service categories used disproportionately by children with chronic illnesses or disabilities. All hospital care was accounted for by one third of the children, and three quarters of all outpatient care was accounted for by one quarter of that sample. Hospital care was used at similar rates by the four diagnostic groups. However, amount and type of outpatient care varied by diagnosis, level of functional impairment, race, and income. Estimated average expenditures for health services used by the chronically ill or disabled sample were 10 times that of the comparison sample. The relative distribution of estimated expenditures across types of services differed for the two samples as well as among diagnostic categories.

Sower, Ruth and Covert, Robert. Identifying preschoolers with special needs: A county-wide project to help plan future special services in the public schools. *Education and Training of the Mentally Retarded*, April 1975, *10*, (2), 84-90. This county-wide study was conducted to determine the number of preschool children with handicaps who would need special education facilities in public school within the next few years. The method included collecting data from agencies and professionals and making direct appeals to parents. The results suggest that this method of data collection must be part of a larger program to represent the total population effectively.

Starfield, Barbara. Family income, ill health, and medical care of U.S. children. *Journal of Public Health Policy*, September 1982, *3*, (3), 244-259. This paper summarizes the nature of the link between poverty and ill health as reflected in current studies. Clinical and epidemiologic studies indicate a higher frequency of health problems among poor children. Illness when it occurs is more severe among poor children than among non-poor and mortality rates are higher in every age group. This disparity may be due in part to the degree of access to medical care. Poor children, despite eligibility for federal programs still receive less medical care and lower quality care than do non-poor children. Federal changes in health care systems have markedly reduced barriers in access to care. Since the 1965 Social Security Amendment doctor visits and hospitalizations have increased. It is still too early to tell if the increased access to health care has reduced the higher prevalence of disease among the poor.

Stewart, Anita L.; Ware, John E. Jr.; and Brook, Robert H. *Construction and scoring of aggregate functional status measures: Volume I.* Santa Monica, California: Rand Corporation, August 1982. In this study, the authors demonstrate that cumulative aggregate functional status scales, as opposed to other items or scales that measure specific functional status categories, are appropriate and reliable for the purpose of ranking people in general populations. This is based on scaling studies conducted in five general populations. They suggest that to adequately assess personal functioning it is important to determine if people are limited both in the kind and amount of activities they can do. Results indicate that two types of aggregation schemes be used, i.e., personal functioning and role functioning, and that they be scored and interpreted separately.

Storck, John, Ph.D. Report of the twentieth anniversary conference of the United States National Committee on Vital and Health Statistics. *Vital and Health Statistics*, September 1970, *4*, (13). Discussion of three problems in the gathering and use of health statistics: guaranteeing the basic rights of individual respondents; determining current needs for these data; and indicating ways in which National Committees can contribute to their development.

Taube, Carl A. and Goldberg, Irving D. Service utilization data as a proxy measure of incidence and prevalence. *The People's Health: Facts, Figures, and the Future.* The Public Health Conference on Records and Statistics. Rockville, Maryland: U.S. Department of Health, Education and Welfare, August 1979. An examination of the drawbacks and advantages of the use of utilization-of-service as measures of the incidence and prevalence of mental health disorders. While utilization data studies often neglect the full universe of services, duplicate counts of persons, and underreport some diagnoses, this data is economical and can account for conditions of low frequency. Several steps can be employed to increase this potential use of utilization data: e.g., increase the universe considered to include generic health care settings, promulgate the use of standard definitions, and conduct methodological studies on the relationship of use to true prevalence and on the relationship of person counts to duplicated counts. The last would involve the development of conversion factors, improvement in the capacity of routine management information systems to produce person data, and more intensive analysis of data files from insurance plans.

Wilson, Ronald. Do health indicators indicate health? *American Journal of Public Health.* May 1981, *71*, (5), 461-463. A discussion of factors related to the inadequacy of health statistics to accurately reflect health status. Shortcomings of traditional measures include: their insensitivity to the effects of medical intervention which may result in a decrease of work days in order to insure future health, the effects of national disability programs and liberal retirement benefits in loss of work days, and the use of return to work as an indication of successful treatment. Declining mortality rates may bear on the increased survival of disabled persons rather than an overall increase of health status. Functional ability may be a better assessment of health status than disability.

Wilson, Ronald W. and Drury, Thomas, F. Interpreting trends in illness and disability: Health statistics and health status. *Annual Review of Public Health*, 1984, *5*, 83-106. An analysis of methodological and conceptual issues that must be addressed when using data from national sources such as the Health Interview Survey in order to determine health status. Factors to be considered include: survey examination methods, external factors bearing on the change of health reported statistics, and the appropriate interpretation of data. Trend analysis provides a more accurate means of assessing health status. For example, while there is a stable rate of hypertensives, there is an increased trend in self awareness of hypertension and the use of anti-hypertensive medication. Health indicators, illness trends and disability rates are each examined for problems and potentials in ascertaining estimates.

Ysseldyke, J.E. and Algozinne, B. Diagnostic classification decisions as a function of referral information. *Journal of Special Education*, 1981, *15*, 429-435. Educational decision makers participated in a computer-simulated decision making experience designed to ascertain the extent to which referral information biased classification decisions. Subjects were randomly assigned to 16 different conditions that varied on the basis of the referred child's sex, socioeconomic status, physical attractiveness, and the nature of the referral problem. Subjects accessed test data, all of which reported performance in the normal range. Only the nature of the referral problem was found to be influential in the simulated decisions. A referred child was more likely to be diagnosed as emotionally disturbed when the referral statement of the problem was listed as behavioral rather than academic. Subjects ignored standardized test information indicative of average performance, and retained the type created by the referral information. The results are discussed with regard to implications for assessment of children and future research.

——— Advance report of final mortality statistics. *Monthly Vital Statistics Report, 1980,* August 1983, *32*, (4), Supplement II.

——— Advance Report of final natality statistics,1981. Final data from the National Center for Health Statistics. *Monthly Vital Statistics Report*, December 1983, *32*, (9).

——— Appendix 1, Sources and limitations of data. *Health United States, 1978*, 437-464. Washington: National Center for Health Statistics, December 1978.

——— *National Health Interview Survey: Report of the National Committee of Vital and Health Statistics.* Washington: National Center for Health Statistics, December 1980.

——— Public use data tape documentation. *Health history supplement, Ages 12-74 years.* National Health and Nutrition Survey. Washington: U.S. Department of Health and Human Services.

——— The state or local area health interview survey. Session B: *The people's health: Facts, figures and the future,* 51-89. The Public Health Conference on Records and Statistics. Washington: U.S. Department of Health, Education, and Welfare, August 1979.

——— *Special report on the impact of the change in the definition of developmental disabilities* (Mandated in P.L. 95-602). Washington: Administration on Developmental Disabilities, U.S. Department of Health and Human Services, May 1981.

——— *The status of handicapped children in Head Start programs, tenth annual report to Congress.* Washington: U.S. Department of Health and Human Services, Head Start Bureau, 1984.

——— *The status of handicapped children in Head Start programs, ninth annual report to Congress.* Washington: U.S. Department of Health and Human Services, Head Start Bureau, 1983.

——— To assure the free appropriate public education of all handicapped children. *Seventh annual report to Congress on the implementation of Public Law 94-142: The Education for All Handicapped Children Act.* Washington: U.S. Department of Education, 1985.

——— *U.S. children and their families: Current conditions and recent trends.* Washington: U.S. House of Representatives, May 1983.

——— *The international classification of diseases; 9th revision: Clinical modification.* Volumes 1, 2, and 3. Washington: Health Care Financing Administration, U.S. Department of Health and Human Services, September 1980.

American Psychiatric Association, Committee on Nomenclature and Statistics. *Diagnostic and statistical manual of mental disorders, Edition 3.* Washington: American Psychiatric Association, 1980.

Andersen, R.; Kasper, J.; and Frankel, M.R. *Total survey error.* San Francisco: Jossey-Bass Inc.,

Ashbaugh, John W. Assessing the needs for community supports. In Richard C. Tessler and Howard H. Goldman (eds.), *The chronically mentally ill: Assessing community support programs.* Cambridge: Ballinger Publishing Company, 1982.

Ashbaugh, John; Leaf, Philip; Manderscheid, Ronald; and Eaton, William. Estimates of the size and selected characteristics of the adult chronically mentally ill population living in U.S. households. *Research in Community and Mental Health,* 1983, *3,* 3-24.

Bean, Judy A. Estimate and sampling variance in the Health Interview Survey. *Vital and Health Statistics,* March 1974, *2,* (38).

Behrns, Charlene Karon. *An analysis of the discrepancy between the projected number of handicapped students eligible for P.L. 94-142 services and the actual number served.* Ed.D Dissertation, University of Washington. Ann Arbor: University Microfilms International, 1980.

Blalock, H.M. The measurement problem: A gap between the language of theory and research. In H.M. Blalock and A.B. Blalock (eds.), *Methodology in social research.* New York: McGraw-Hill, 1968.

Bloom, B. Current estimates from the National Health Interview Survey: United States, 1981. *Vital and Health Statistics,* October 1982, *10,* (41).

Bonham, G.S. Procedures and questionnaires of the National Medical Care Utilization and Expenditure Survey, Series A. *Methodological Report No. 1.* Washington: National Center for Health Statistics, March 1983

Brewer, Gary D. and Kakalik, James S. *Handicapped children: Strategies for improving services.* New York: McGraw Hill Book Co., 1979.

Bryant, F.B. and Wortman, P.S. Secondary analysis: The case for data archives. *American Psychologist,* 1978, *33,* 381-387.

Burstein, L.; Linn, R.L.; and Capell, F.J. Analyzing multilevel data in the presence of heterogeneous within-class regressions. *Journal of Educational Statistics,* 1978, *3,* 347-383.

Carrier, J. Masking the social in educational knowledge: The case of learning disability theory. *American Journal of Sociology,* 1983, *88,* 948-974.

Clearinghouse on the Handicapped. *Directory of national information sources on handicapping conditions and related services.* E-82-2207. Washington: U.S. Department of Education, August 1982.

Cline, M.G.; Endahl, J.E.; McBee, J.K.; and Fortune, J.C. *Secondary analysis of Head Start transition study.* Final report to contract HEW-105-78-1303. Washington: U.S. Office of Education, 1980.

Cohen, J. and Cohen, P. *Applied multiple regression/correlation analysis for the behavioral sciences.* Hillsdale, New Jersey: Lawrence Erlbaum, 1975.

Cook, T.D. and Campbell, D.T. *Quasi-experimentation: Design and analysis issues for field settings.* Skokie, Illinois: Rand McNally, 1979.

Cooper, J.E. Epilepsy in a longitudinal survey of 5,000 children. *British Medical Journal,* April 1965, (5441), 1020-1022.

Craig, Patricia A.; Kaskowitz, D.; and Maglione, M. *Studies of handicapped students. Teacher identification of handicapped pupils compared with identification using other indicators, volume 2.* Menlo Park, California: SRI International, Educational Policy Research Center, 1978.

Cruickshank, W.M. The problem and its scope. In W.M. Cruickshank (ed.), *Cerebral Palsy: A Developmental Disability.* Syracuse, New York: Syracuse University Press, 1976.

Csapo, M. Prevalence and needs assessment study of autistic children in British Columbia. *British Columbia Journal of Special Education*, 1979, *3*, 159-191.

Douglas, J.D. *Investigative social research.* Beverly Hills, California: Sage Publishers, 1976.

Edmonds, Larry D. Congenital malformations surveillance: Two American systems. *International Journal of Epidemiology*, 1981, *10*, (3), 247-252.

Enterline, P.E. and Capt, K.G. A validation of information provided by household respondents in health surveys. *American Journal of Public Health*, 1959, *49*, (2), 205-212.

Feller, Barbara A. Health characteristics of persons with chronic activity limitation: United States-1979. *Vital and Health Statistics*, December 1981, *10*, (137).

Feller, Barbara A. Prevalence of selected impairments, United States - 1977. *Vital and Health Statistics*, February 1981, *10*, (134).

Fortune, J.C.; Endahl, J.E.; McBee, J.K.; Schultz, L.J.; and Blecharczyk, S.R. Comparison of cluster analysis algorithms for composite variable construction. A paper read to the Northeastern Educational Research Association Conference. Ellenville, New York, October 1981.

Friedman, E. The autistic syndrome and phenylketonuria. *Schizophrenia*, 1969, *1*, 249-261.

Friedman, E. Early infantile autism revisited. *Journal of Clinical Child Psychology*, 1974, *3*, 4-10.

General Accounting Office. *Disparities still exist in who gets special education.* 1981.

Gollay, Elinor. *Summary report on the implications of modifying the definition of a developmental disability.* Santa Fe: Gollay and Associates, June 1981.

Gould, M.S.; Wonsch-Hitzig, R.; and Dohrenwend, B.P. Formulation of hypotheses about the prevalence, treatment, and prognostic significance of psychiatric disorders in children of the U.S. In B.P. Dohrenwend (ed.), *Mental Illness in the United States, Epidemiological Estimates.* New York: Praeger Publishers Inc., 1980.

Graves, Edmund J. Utilization of short-stay hospitals by adolescents: United States, 1980. *Advance Data*, September 1983, *92*. Washington: National Center for Health Statistics.

Griffiths, M.I. and Barrett, N.M. Cerebral palsy in Birmingham. *Developmental Medicine and Child Neurology*, 1978, *20*, 33-46.

Haggerty, R.; Roghman, K.; and Pless, I.B. *Child health and the community.* New York: John Wiley and Sons, 1975

Hauser, W.A. Epidemiology of epilepsy. In B.S. Schoenberg (ed.), *Advances in Neurology.* New York: Raven Press, 1978.

Henson, J.W.; Kent, L.; Richardson, G.R.; and Lawrence, J.K. National norms for disabled college freshmen in 1978 and 1980. *The handicapped student in America's colleges: A longitudinal study.* Los Angeles: Higher Educational Research Institute, 1982.

Hochstim, J.R. A critical comparison of three strategies of collecting data from households. *Journal of the American Statistical Association*, 1967, *62*, 976-989.

Hook, E.B.; Albright, S.G.; and Cross, P.K. Use of Bernoulli census and log-linear methods for estimating the prevalence of spina bifida in live births and the completeness of vital record reports. *American Journal of Epilepsy*, 1980, *112*, 750-755.

Interagency Statistical Committee on Long-Term Care for the Elderly. *Inventory of data sources on the functionally limited elderly.* Washington: U.S. Department of Commerce, 1980.

Jack, Susan S. and Ries, Peter W. Current estimates from the National Health Interview Survey: United States, 1979. *Vital and Health Statistics*, 1981, *10*, (136).

Jacobson, A.M.; Goldberg, I.D.; Burns, B.J.; Hoeper, E.W.; et al. Diagnosed mental disorder in children and use of health services in four organized health care settings. *American Journal of Psychiatry*, May 1980, *137*, (5), 559-565.

Jacobson, John W. and Janicki, Mathew P. Observed prevalence of multiple developmental disabilities. *Mental Retardation*, June 1983, *21*, (3), 87-94.

Janicki, Mathew P.; Lubin, Robert A.; and Friedman, Irwin. Variations in characteristics and services needs of persons with autism. *Journal of Autism and Developmental Disorders*, 1983, *13*, 73-85.

Joiner, L. and Sabatino, D. A policy study of P.L. 94-142. *Exceptional Children*, 1981, *48*, (1), 24-33.

Kaskowitz, D. *Validation of state counts of handicapped children, Volume II.* Menlo Park, California: SRI International, December 1977.

Kiely, Michele; Lubin, Robert A.; and Kiely, John L. *Descriptive epidemiology of cerebral palsy.* Staten Island: New York State Institute for Basic Research in Developmental Disabilities, undated.

Kiely, S.L.; Paneth, N.; Stein, Z.; and Susser, M. Cerebral palsy and newborn care, I: Secular trends in cerebral palsy. *Developmental Medicine and Child Neurology*, 1981, *23*, 533-538.

Kirchner, C. and Peterson, R. Estimates of race-ethnic groups in the U.S. visually impaired and blind population. *Visual Impairment and Blindness, Statistical Brief #13,* February 1981, *74*, (2), 73-76.

Kirchner, C. and Peterson, R. Ethnicity and rehabilitation: An analysis of blind and visually impaired clients in the federal/state VR system. *Visual Impairment and Blindness, Statistical Brief #14*, April 1981, *75*, 187-190.

Kirchner, C. and Peterson, R. The latest data on visual disability from the National Center for Health Statistics. *Visual Impairment and Blindness, Statistical Brief #1, 1979, 73*, (6), 151-153.

Kirchner, Corinne. The outlook for federal data sources on blindness and visual impairment: An editorial assessment. *Visual Impairment and Blindness, Statistical Brief #22*, March 1983, (77), 123-127.

Kirchner, Corrine; Peterson, R.; and Suhr, Carol. Trends in school enrollment and reading methods among legally blind school children, 1963-1978. *Visual Impairment and Blindness, Statistical Brief #6*, November 1979, *73*, (9), 373-379.

Kish, L. *Survey Sampling*. New York: Wiley, 1965.

Kovar, Mary Grace. Health status of U.S. children and use of medical care. *Public Health Reports*, January 1982, *97*, 1-14.

Kovar, Mary Grace. Introduction. *Statistical notes for health planners*, National Center for Health Statistics, July 1976.

Kramer, M. The continuing challenge: The rising prevalence of mental disorders, associated chronic diseases, and disabling conditions, in Wagenfield, MO. In P.V. Lemkau and B. Justice (eds.), *Public mental health*, 103-130. Los Angeles: Sage Publishers, 1982.

Kramer, M.; Von Korff, M.; and Kessler, L. The lifetime prevalence of mental disorders: Estimation, uses and limitations. *Psychological Medicine*, 1980, *10*, 429-435.

Kushlick, A. The epidemiology of mental subnormality.In A.M. Clarke and A.D.B. Clarke (eds.), *Mental deficiency, the changing outlook*. New York: The Free Press, 1975.

Layde, P.M.; Erickson, J.D.; Dooley, K., et al. Is there an epidemic of ventricular septal defects in the U.S.A.? *The Lancet,* February 1980, 407-408.

Lenski, G.E. and Legget, J.C. Caste, class and difference in the research interview. *American Journal of Sociology,* 1960, *65*, 453-467.

Leviton, A. and Cowan, L.P. Epidemiology of seizure disorders in children. *Neuroepidemiology*, 1982, *1*, 40-83.

Lindberg, Dennis. *Prevalence of developmental disabilities in West Virginia. Report of the West Virginia Developmental Disabilities Prevalence Survey Project*. Elkins, West Virginia: Davis and Elkins College, Department of Sociology and Anthropology, July 1976.

Link, Bruce and Dohrenwend, B.P. Formulation of hypotheses about the true prevalence of demoralization in the United States, in B.P. Dohrenwend (ed.), *Mental Illness in the United States*. New York: Praeger, 1980, 114-132.

Lubin, R.; Jacobson, J.W., and Kiely, M. Projected impact of the functional definition of developmental disabilities: The categorically disabled population and service eligibility. *American Journal of Mental Deficiency*, 1982, *87*, (1), 73-79.

Madow, W.G. Net differences in interview data on chronic conditions compared with information derived from medical records. *Vital and Health Statistics*, 1973, *2*, (57), 1-9.

Madow, W.G. National Center for Health Statistics: Interview data on chronic conditions compared with information derived from medical records. *Vital and Health Statistics*, May 1967, *2*, (23).

McNeil, John. *Selected materials on the prevalence of disability*. Washington: U.S. Bureau of the Census, February 1985.

McNeil, John. *Selected materials on the measurement of disability status in household surveys*. Washington: U.S. Bureau of the Census, February 1985.

Meighan, S.S.; Queener, L.; and Weitman, M. Prevalence of epilepsy in children of Multnomah County, Oregon. *Epilepsia*, 1976, *17*, 245-256.

Melyn, M.A. and Grossman, H.J. Neurophysiological correlates. In W.M. Cruickshank (ed.), *Cerebral palsy: A developmental disability,* 3rd ed., 73-94. Syracuse, New York: Syracuse University Press, 1976.

Mertens, Donna M. and Seitz, Patricia. *Labor market experiences of handicapped youth*. Columbus: The National Center for Research in Vocational Education, September 1982.

Mount, R. *An analysis of variations in self report of chronic conditions for poor children*. Working paper. Washington: Child Trends, Inc., 1980.

Nagi, S.Z. *Disability in the United States: A plan for an information system*. Washington: Office for Handicapped Individuals, U.S. Department of Health, Education and Welfare, October 1977.

Newkirk, D., Bloch, D.; and Shrybman, J. *An analysis of categorical definitions, diagnostic methods, diagnostic criteria and personnel utilization in the classification of handicapped children*. Reston, Virginia: Council for Exceptional Children, 1978.

Paneth, N.; Kiely, J.L.; Stein, Z.; and Susser, M. Cerebral palsy and newborn care, III: Estimated prevalence rates of cerebral palsy under differing rate of mortality and impairment of low-birthweight infants. *Developmental Medicine and Child Neurology*,1981, *23*, 801-817.

Pasamanick, B.; Roberts, D.W.; Lemkau, P.V.; and Krueger, D.E. A survey of mental disease in an urban population. *American Journal of Public Health*, 1956, *47*, 923-929.

Reynolds, W.J.; Rushing, W.A.; and Miles, D.L. The validation of a function status index. *Journal of Health and Social Behavior*, 1974, *15*, (4), 271-288.

Ritvo, E.R. National Society for Autistic Children's definition of autism. *Journal of Pediatric Psychology*, 1977, *2*, (4), 146-149.

Ross, E.M.; Peckham, C.; West, P.B.; and Butler, N.R. Epilepsy in childhood: Findings from the National Child Development Study. *British Medical Journal*, 1980, *280*, (6209), 207-210.

Rutter, M. Diagnosis and definition of childhood autism. *Journal of Childhood Schizophrenia*, 1978, *8*, 139-170.

Schopler, E. On confusion in the diagnosis of autism. *Journal of Autism and Childhood Schizophrenia*, 1978, *8*, 137-138.

Shepard, L.; Smith, M.L.; and Vojir, C. Characteristics of pupils identified as learning disabled. *American Educational Research Journal*, 1983, *20*, (3), 309-331.

Shuman, H. and Presser, S. Question wording as an independent variable in survey analysis. *Sociological Methods and Research*, 1977, *6*, (2), 151-170.

Sigelman, C.K.; Schoenrock, C.J.; Winer, J.L.; Spaniel, C.L.; Hromas, S.G.; Martin, P.W.; Budd, E.C.; and Bensberg, G.J. Issues in interviewing mentally retarded persons: An empirical study. In R.H. Bruininks, C.E. Meyers, B.B. Sigford and K.C. Lakin (eds.), *Deinstitutionalization and community adjustment of mentally retarded people.* Washington: American Association on Mental Deficiency, 1981.

Stanford Research Institute. *Studies of handicapped students. Whom do teachers identify as handicapped? Volume I.* Menlo Park, California: Stanford Research Institute, Educational Policy Research Institute, 1978.

Starfield, Barbara; Vandenberg, Bea; Steinwachs, M. Donald; and Horn, Susan D. Variations in utilization of health services by children. *Pediatrics*, 1979, *63*, (4), 633-641.

Starfield, B. and Pless, I.B. Constancy and change in physical health. In O. Brim and J. Kagan (eds.), *Constancy and change in human development.* Cambridge: Harvard University Press, 1980.

Stewart, W.; Okada, L.; and Lafferty, M. *Race difference in chronic condition among low-income children.* Paper presented at the annual meeting, American Public Health Association, New York, November 1979.

Sudman, S. and Bradburn, N.M. *Response effects in surveys: A review and synthesis.* Chicago: Aldine Publishing Co., 1974.

Taeuber, Richard C. and Rockwell, Richard. *National social data series: A compendium of brief descriptions.* Washington: Center of Coordination of Research on Social Indicators, Social Service Research Council, 1982.

Trussell, R.E.; Elinsen, J.; and Leven, M.L. Comparisons of various methods of estimating the prevalence of chronic disease in a community — the Hunterdon County Study. *American Journal of Public Health*, 1956, *46*, 173-182.

Tucker, James A. Ethnic proportions in classes for the learning disabled: Issues in non-biased assessment. *Journal of Special Education*, 1980, *14*, 93-105.

Tukey, J.W. *Exploratory data analysis.* Reading, Massachusetts: Addison-Wesley, 1977.

Weissman, N.M. and Klerman, G.L. Epidemiology of mental disorders. *Archives of General Psychiatry*, 1978, *35*, 705-712.

Wilson, Ronald W. and Drury, Thomas F. Factors affecting the use of limitation of activity as a health status measure. *Contributed Papers Session*, 9-14. Washington: American Public Health Association, October 1981.

Wing, L.; Yeates, S.R.; Brierly, L.M.; and Gould, J. The prevalence of early childhood autism: Comparisons of administrative and epidemiological studies. *Psychological Medicine*, 1976, *6*, 89-100.

Wishik, S.M. Handicapped children in Georgia: A study of prevalence, disability, needs and resources. *American Journal of Public Health*, 1956, *46*, 195-203.

Yaffe, R.; Shapiro, S.; Fuchsberg, R.R.; Rhode, C.A; et al. Medical economics survey-methods study: Cost effectiveness of alternate survey strategies. *Medical Care*, 1978, *16*, 641-659.

Young, Arthur. *An epidemiologic investigation to establish aggregated estimates of incidence and prevalence rates by disability and severity.* Harrisburg: Pennsylvania Department of Public Welfare, Pennsylvania Developmental Disabilties Planning Council, October 1980.

Zill, N. and Mount, R. Information needs in child and maternal health. In *Better health for our children: A national strategy*, Volume IV. Washington: U.S. Department of Health and Human Services, 1981.

Zill, Nicholas, *National Survey of Children: Wave 2.* Philadelphia: Institute of Survey Research, 1981.

Zill, Nicholas. *The condition of education*, The school age handicapped: A statistical profile of special education students in elementary and secondary schools in the United States. Washington: National Center for Education Statistics, U.S. Department of Education, May 1984.

☆U.S. GOVERNMENT PRINTING OFFICE: 1986-487-324/50456

55-084

065-000-00217-7

$6.00

U.S. Department of Education
Washington, D.C. 20202

Official Business
Penalty for Private Use, $300

Postage and Fees Paid
U.S. Department of Education
ED 395
Special Fourth Class
Rate - Book